I. DETAILS OF REQUESTER (PLEASE USE BLOCK LETTERS)

First Name: _____________________________________________________________

Surname ______________________________________________________________

Postal Address: _________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Telephone Number(s): 

Home: __________________________ Business: ____________________________

Mobile: _________________________ Email Address: ______________________

2. FORM OF ACCESS

My preferred form of access is: (please tick as appropriate)

To receive photocopies: ☐ To inspect the original record: ☐

Other format (Please specify): ☐

3. DETAILS OF REQUEST (please tick as appropriate)

In accordance with the Freedom of Information Act 2014, I request access to records which are: (please tick as appropriate)

Personal ☐ Non-personal ☐

Before you are given access to personal information relating to yourself you may be asked to produce your Birth Certificate, Driving Licence, Passport or other form of identity.

In the space provided below, please describe the records as fully as you can. If you are requesting Personal Information, please state precisely, in whose name those records are held. It is not usual to be given access to personal information of another person unless you have obtained the written consent of that person.
I request the following records:

Please send your completed application to:

Freedom of Information Officer
Royal Irish Academy
19 Dawson St., Dublin 2

Telephone: 01 676 2570 E-Mail: foi@ria.ie

For Office Use Only
Date FOI Request Received _______________________________________

Identity Verified   □   Consent Confirmed   □

Form of Identity Produced:
Birth Certificate □   Driving Licence □
Passport □   Other:
______________________________