**Data Access Request Form**

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| **Requester Details** |  |
| Full Name |  |
| Date of Birth |  |
| PPS Number *(only required in cases where Housing records or DCC staff employment records are sought)* |
| Address |  |
| **Information Required** (*Please select as appropriate)* |
| I require: |
| A copy of my full records |  | Please specify what Departments will hold information (e.g. Housing, Planning, Roads): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| To view my full records |  |  |
|  |  |  |
| To have a copy of part of my record |  |  |
| (Please provide information on what you require)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Consent to release records** |
| I confirm that I am the above person and consent to Dublin City Council releasing the information to me as requested within this form. |
| Print name: |
| Sign: |
| Date: |
| **Form of Access** *(Please select as appropriate)* |
|  |
| My preferred form of access is:  | To receive photocopies by post |  |  |
|  |  |  |
|  | To receive photocopies by hand |  |  |
|  |  |  |
|  | To receive soft copy by email |  |  |
|  |  |  |  |

Requests for personal information must be accompanied by a copy of appropriate photo ID (Passport/Drivers Licence/Public Services Card).

Once completed forward this form to:

Data Protection Officer, Information Management Unit

Dublin City Council

Block 3, Floor 4

Civic Offices

Wood Quay

Dublin 8

Or by email to dataprotection@dublincity.ie