|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | |  |  | | |
|  | |  |  | | |
| 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 3

Civic Offices

Wood Quay

Dublin 8

Or by email to [dataprotection@dublincity.ie](mailto:dataprotection@dublincity.ie)