



Royal Victoria Eye and Ear | Research Foundation

APPLICATION FORM FOR REQUEST FOR ACCESS TO RECORDS

What records are you requesting?

Fill in the following details (BLOCK CAPITALS)

(Parent or Guardian if not the requester)

Family name (surname) _____

First name _____

Maiden name (if relevant) _____

Date of birth _____

Contact telephone number _____

Current address _____

Previous address (if you were living at a different address when you first presented to the Research Foundation)

Please attach one of the following as proof of identification:

A photocopy or scan of your passport

A photocopy or scan of your driving license

If you are requesting records as a parent/guardian/legal representative

Please provide one the following as relevant:

Birth Certificate (Parent/Guardian)

Affidavit by solicitor or Commissioner for the Peace (Legal Representative)

SIGNED: _____ **DATE:** _____

Internal Use Only

Approved by:

SIGNED: _____ **DATE:** _____

NOTES:

