West Suffolk College

Freedom of Information Act 2000
Information Access Request Form

Please read carefully the College Access to Information Policy/Publication Scheme BEFORE you complete this form. It explains in detail the nature of Freedom of Information Requests and tells you what is expected from you AND what you should expect from us.

Parts 1, 2, 3 and 4 must be completed as fully as possible.

1. **Personal details of the applicant**

   **Title (Mr/Mrs/Miss/Ms/Other)**
   .......................................................... ........................................

   **First Name** ............................................ **Surname** ........................................

   **Address** .......................................................... ........................................

   .......................................................... ........................................

   .......................................................... ........................................

   **Post Code**

   **Telephone** ............................................ **E-mail address** ........................................

2. **Details of the information required, continue on a separate sheet if necessary.**

   (Please provide as much detail about the information you would like to have and to be as concise and as clear as possible in order that we can identify and process your request promptly. Any vagueness or ambiguity in your request will delay the processing).

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3. **Other Information**  
(Please provide any other details to identify or locate the information which would help us process your request e.g. your preferred format of the information requested, contact details of staff who may have your requested information, number of copies you would like etc) 

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4. **Data Protection Notice**  
The personal details you have provided to West Suffolk College on this form will be used to process your request for information. These will also be used to keep a register of requests so we can monitor our responses, ensure consistency and analyse trends. We will not disclose your details to any external third parties without your consent.

Signature  
…………………………………………………………………………………………………

Date  
…………………………………………………………………………………………………

**Important note** – if the information you have asked for requires a fee, we will let you know on receipt of your request. If you choose to accept this fee charge, we will process your request upon receipt of payment.

Please send your completed request form to:

The College Secretary  
West Suffolk College  
Out Risbygate  
Bury St Edmunds  
Suffolk  
IP33 3RL  
Telephone number: 01284 716251  
Fax Number: 01284 750561  
E-mail: jules.bridges@wsc.ac.uk

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