Please complete this form and attach the **$28.90** application fee and either:

|  |  |
| --- | --- |
| **Post to:** | **Deliver in person to:** |
| Solicitor & FOI Officer Governance Legal & Integrity  Swinburne University of Technology  P.O. Box 218  Hawthorn, Victoria 3122. | Solicitor & FOI Officer Governance Legal & Integrity  Swinburne University of Technology  SPS Level 2,  24 Wakefield Street  Hawthorn |
|  |  |
|  |  |
|  |  |
|  |  |

Please note, the FOI Act gives agencies the discretion to determine whether application fees may be waived or reduced in situations where payment would cause financial hardship. If you feel you may be eligible for a waiver or reduction of the application fee, please contact the FOI Officer at [foi@swin.edu.au](mailto:foi@swin.edu.au)

**Please Print your Name, Address and Contact Details:**

**Title** **(Mr / Mrs / Ms / Miss / Dr /Prof)** …………..

**Surname (Family Name):** ........................................................................................................…..

**Other Name(s):** ..............................................................................................................................

**Postal Address:**

**Street** ................................................................................................................................………..

**Suburb** ........................................................................................................ **Postcode** ................

**Phone Contact No: (Business)**.......................................**(Home)** .......................................……......

**I would like access to the following document(s):**

..........................................................................................................................…………………….

..........................................................................................................................…………………….

..........................................................................................................................…………………….

..........................................................................................................................…………………….

..........................................................................................................................………………….…

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

Indicate whether you would like to inspect the documents and/or obtain a copy of the documents:

**I would like to inspect the document(s)** **Yes No (Circle whichever applies) OR;**

**I would like a copy of the document(s)**  **Yes No (Circle whichever applies)**

**Signature:** …………………………………………………… **Date:** ………**/**…………**/**………..…