

**Freedom of Information Act  
Transcript request form**

Name of requesting party	
Address to where transcript should be sent	
Telephone number	
Email address	
Transcript – Name of Registrant	
Year of hearing (if known)	
Hearing reference number (if known)	

A quote for the production of the requested transcript will be forwarded to the requesting party.

I understand that should I decide to proceed I will undertake to pay all costs and fees associated with transcribing and producing the requested transcript as shown in the quotation. I also understand that the transcript being requested may be redacted where sensitive information or matters of health have been raised during the course of the hearing.

Name: .....

Signature: ..... Date: .....