



ACCESS TO UNIVERSITY COURSE

Request for Information from Housing Support Services, Limerick City and County Council

Part 1: To be completed by Access to University applicant

Applicant's name:										
Address:										
Applicant's Date of Birth:					____/____/____					
Applicant's PPS Number:										

Part 2: To be completed by applicant's Parent(s)/Guardian(s)

I authorise the release of information outlined below for the purposes of assessing an Access to University application.

Parent 1/Guardian 1 Signature

Parent 2/Guardian 2 signature

Part 3: To be completed by Housing Support Services Department, Limerick City and County Council

Parent 1/Guardian 1 name:										
PPS Number:										
Current Address if different to applicant:										
Former Address from Regeneration Area:										

Parent 2/Guardian 2 name:									
PPS Number:									
Current Address if different to applicant:									
Former Address from Regeneration Area:									

This form must be completed, signed and stamped by the Housing Support Services, Limerick City and County Council. Forms that are not signed and stamped are invalid.

This form has been compiled in conjunction with the Office of Regeneration. For clarification please contact – 061 556000

Name of Housing Support Services Official:
 Block Capitals

Signature of Housing Support Services Official: _____

Date: -----/-----/20-----

We confirm that _____
has been a resident at (Regeneration Address) _____
until _____

Housing Support Services Official Stamp
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