## **Freedom of Information Act Request for Access to Documents**

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Date application	n fee received			Receipt nu	mber	
Your details						
Name						
Postal Address		1_				
Contact Number	er	En	nail			
I request acc	ess to the followin	g documents	(if insu	fficient spa	ace, plea	se attach a schedule)
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Form of requ	ested documents					
I request that access be provided in the following form:						
Copies of the document(s) to be sent to the address shown above						
The original document(s) to be made available for inspection						
Application f	ee					
I enclose a cheque for the application fee of \$26.50						
I wish to pay the application fee of \$26.50 by credit card						
(Note: if you wish to pay by credit card, please phone the University's Cashier's Office on (03) 5227 1146 to arrange payment, quoting item code M15 and email date of payment and receipt number to the FOI Officer)						
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Please send your request by email to <a href="mailto:foi@deakin.edu.au">foi@deakin.edu.au</a> or by mail to Sandra Mussett, Freedom of Information Officer, Deakin University, Locked Bag 20001, Geelong, Victoria, 3220.