TEACHERS SERVICE COMMISSION



APPLICATION FOR ACCESS TO INFORMATION

1.	Particulars of the Applicant/Requester		
	Name:Gender:		
	National Identity/Passport NoNationality:		
	Telephone No: E-mail:		
	Physical Address:		
2.	State whether the request is being made on behalf of another person. If yes provide the particulars of that person.		
	(provide the authority to apply on his behalf)		
3.	Particulars of the information sought (provide full particulars about the document or information you are seeking to assist in processing your request).		
	Name/type of document or information:		
	Reference /File No. (if known):		
	Any other details:		
	Brief description of the contents of the document:		
	Specific information sought:		
	Reason for seeking the information:		

	Nature of access sought (I would like to) -					
	Please choose the relevant options (s):					
	a)	Inspect the document				
	b)	Listen to the document				
	c)	View the document				
	d)	Have a copy of the document in the following format(s):				
		 Photocopy 				
		Compact disk				
		USB mass drive				
		• Transcript				
		Other (please specify)				
	e)	Other (please specify)				
	If a copy is required, specify the number required					
	postage					
	(Please note that accessing information is free, but the production of copies of the record and transmission will attract a nominal fee).					
				Signature of the Requester/Applicant: Date:		
				4.	For Official Use	
	Date Request received:					
Rem	arks					
Name and title of the officer receiving the Request:						
Signa	ature:					