****

# Freedom of Information Request

Fill in this form to submit your request for information under the Freedom of Information Act. Please send completed forms to [**kch-tr.FOI@nhs.net**](mailto:kch-tr.FOI@nhs.net)**.** Any fields marked with an \* are mandatory.

If you are uncertain whether your request comes under the Act, please check our detailed guidelines at our [**Freedom of Information page**](https://www.kch.nhs.uk/about/corporate/foi).

If you wish to receive a copy of your **medical records** please do not submit an FOI request, instead please follow our [**instructions to see your medical records**](https://www.kch.nhs.uk/patientsvisitors/patients/what-you-need-to-know/patient-information).

Your request (please be as detailed as possible)

First name\*

Last name\*

Email\*

Confirm email\*

Address

Postcode

Preferred contact number  
Preferred contact number

Please send completed forms to [**kch-tr.FOI@nhs.net**](mailto:kch-tr.FOI@nhs.net)