

REQUEST FOR ACCESS TO RECORDS



DEPARTMENT FROM WHICH YOU REQUEST INFORMATION

YOUR NAME

LAST NAME

FIRST NAME

MIDDLE NAMES

OPTIONAL

MISS MS. MRS.
MR. OTHER:

YOUR ADDRESS

YOUR EMAIL(S)

STREET, APT. NO., P.O. BOX NO.

CITY/TOWN/PROVINCE

POSTAL CODE

YOUR TELEPHONE/FAX NUMBER(S)

DAY PHONE NO.

ALTERNATE PHONE NO.

DAY FAX NO.

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF NEEDED.)

PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PRIVATE INFORMATION?

YES

NO

(IF YES, PLEASE ATTACH, AS APPROPRIATE:

a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS

YOUR SIGNATURE

DATE SIGNED

EXAMINE ORIGINAL

RECEIVE COPY: PAPER ELECTRONIC (VIA EMAIL)

YR MO DAY

FOR DISTRICT USE ONLY

REQUEST NO.

REQUEST CATEGORY: ACCESS TO GENERAL INFORMATION

ACCESS TO PERSONAL INFORMATION

DATE RECEIVED
YR MO DAY

DUE DATE
YR MO DAY

NAME OF THE PERSON RECEIVING REQUEST

YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.