



**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY  
REQUEST FOR ACCESS TO RECORDS**

APPLICANT NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL: Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Other: _____
APPLICANT MAILING ADDRESS			
STREET, APARTMENT NO., P.O. BOX, RR #	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
APPLICANT CONTACT NUMBER(S)			
DAYTIME PHONE # ( )	ALTERNATE PHONE # ( )	DAYTIME FAX # ( )	
EMAIL ADDRESS		ALTERNATE EMAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION			
<p>PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE PROCESS. ATTACH A SEPARATE SHEET IF THIS SPACE IS NOT SUFFICIENT. <b>PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.</b></p> <p>ADDRESS ASSOCIATED TO THIS REQUEST (IF APPLICABLE): _____</p>			
<p>IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION, PLEASE ATTACH EITHER:</p> <ul style="list-style-type: none"> <li>• THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR</li> <li>• PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.</li> </ul>			
PREFERRED METHOD OF ACCESS TO RECORDS: <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE:	DATE SIGNED: _____ year / month / day	
<p>YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.</p> <p>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.</p>			