



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

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: _____
ADDRESS			
STREET, APARTMENT NO., P.O. BOX, RR #	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
CONTACT NUMBER(S)			
DAYTIME PHONE # ()	ALTERNATE PHONE # ()	DAYTIME FAX # ()	
EMAIL ADDRESS	ALTERNATE EMAIL ADDRESS		
DETAILS OF REQUESTED INFORMATION			
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. PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN.			
<p>IF YOU ARE REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION, PLEASE ATTACH EITHER:</p> <ul style="list-style-type: none"> • THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR • PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF. 			
PREFERRED METHOD OF ACCESS TO RECORDS: <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE:		DATE SIGNED: _____ year / month / day
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.			