



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

YOUR NAME			
<input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____	FIRST NAME	LAST NAME	
YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS	
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. PLEASE ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.			
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, 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 <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE		DATE SIGNED (YYY/MM/DD)
FOR OFFICE USE ONLY			
REQUEST NO.	DATE RECEIVED (YYYY/MM/DD)	<ul style="list-style-type: none"> You may make a request without using this form, provided you do so in writing. Personal information contained on this form is collected under the <i>Freedom of Information and Protection of Privacy Act</i> and will be used only for the purpose of responding to this request. 	