

REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

APPLICANT'S INFORMATION		
NAME:		
ADDRESS:		POSTAL CODE:
CITY:	PROVINCE:	COUNTRY:
PHONE NUMBER(S):		FAX NUMBER:
DETAILS OF REQUESTED INFORMATION		
<i>(Please be as specific as possible about the record(s) you are requesting; attach a separate sheet if necessary.)</i>		
File/Reference Number (if known):		
Details:		
How do you wish to receive the information? Check one of the following:		
Examine the original(s):	Receive a hard copy:	
Receive an electronic copy:	Email address:	

If this is a request to access another person's personal information please attach either a signed consent form for disclosure for the person(s) involved, OR proof of authority to act on that person's behalf.

Signature of Applicant

Date

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.

FOR OFFICE USE ONLY	
Date Received:	Access to General Information Y/N
Received By:	Access to Personal Information Y/N

