# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## REQUEST FOR ACCESS TO RECORDS

### NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

### YOUR NAME

**LAST NAME**  
**FIRST NAME**  
**MIDDLE NAME**  
**OPTIONAL**  
- ☐ MISS
- ☐ MS
- ☐ MRS.
- ☐ MR.
- ☐ OTHER: 

### 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. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)

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

### ARE YOU REQUESTING ACCESS TO ANOTHER PERSON’S PERSONAL INFORMATION?  
☐ YES ☐ 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

- ☐ EXAMINE ORIGINAL
- ☐ RECEIVE COPY

**YOUR SIGNATURE**  
**DATE SIGNED (YYYY MMM DD)**

### FOR PUBLIC BODY USE ONLY

**REQUEST NO.**  
**REQUEST CATEGORY**  
- ☐ ACCESS TO GENERAL INFORMATION (ARCS 292-30/)
- ☐ ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)

**REQUEST CODE**  
**DATE RECEIVED (YYYY MMM DD)**  
**NAME OF PUBLIC BODY RECEIVING REQUEST**

- YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.
- BIRTHDATE AND CORRECTIONS SERVICE NO. ARE REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION
- 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.