



Deep Roots
Greater Heights

FREEDOM OF INFORMATION &
PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

YOUR NAME			
SURNAME	FIRST NAME	MIDDLE NAME	
YOUR ADDRESS			
STREET, APT., P.O. BOX, R.R. NUMBER(S)	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAYTIME TELEPHONE NUMBER ()	ALTERNATE NUMBER(S) () ()	DAYTIME FAX NUMBER ()	
E-MAIL ADDRESS			
DETAILS OF REQUESTED INFORMATION			
<p>PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE AS THIS WILL ASSIST THE REQUEST PROCESS. IF KNOWN, SPECIFY ANY REFERENCE OR FILE NUMBER(S). IF INSUFFICIENT SPACE, PLEASE USE THE NEXT PAGE.</p> <p style="text-align: center;"><i>YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM PROVIDED YOU DO SO IN WRITING</i></p>			
<p>ARE YOU REQUESTING ACCESS TO ANOTHER INDIVIDUAL'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE ATTACH AS APPROPRIATE: (a) THAT INDIVIDUAL'S CONSENT FOR DISCLOSURE OR (b) PROOF OF AUTHORITY TO ACT ON THAT INDIVIDUAL'S BEHALF</p>			
PREFERRED METHOD OF ACCESS <input type="checkbox"/> EXAMINE ORIGINAL RECORDS <input type="checkbox"/> RECEIVE COPY OF RECORDS	YOUR SIGNATURE	DATE SIGNED YR. MO. DAY	
FOR STAFF USE ONLY			
REQUEST NO.	DATE RECEIVED	DATE FOR RESPONSE	
<p>PERSONAL INFORMATION REQUESTED 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>			

