REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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| **IMPORTANT INFORMATION - PLEASE READ FIRST** |
| 1. This form MUST be completed in full. 2. **If you are requesting information about yourself, we require a copy of your government issued photo ID (eg. Driver’s Licence or Passport). No information will be sent to you until we receive your ID.** 3. We do NOT fax copies of police reports. You may make arrangements to pick up the report or we will send it to you via Canada Post. 4. Under the *Freedom of* ***Information and Protection of Privacy Act***, we have thirty (30) business days (excluding weekends and holidays) to respond to requests for information. We process requests in the order that they are received. ­­We will NOT make any exceptions. 5. 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. |
| *YOUR NAME* |

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| LAST NAME | FIRST NAME | | MIDDLE NAME | | | | ☐ MISS ☐ MS.  ☐ MRS. ☐ MR.  ☐ OTHER | |
| HAVE YOU EVER GONE BY ANOTHER NAME? IF SO, WHAT? | | | | | | | | |
| **YOUR ADDRESS** | | | | | | | | |
| STREET, APARTMENT NO., P.O. BOX, P.R. NO. | | CITY/TOWN | | PROVINCE/COUNTRY | | | | POSTAL CODE |
| **YOUR TELEPHONE/FAX NUMBER(S)** | | | | | | | | |
| DAY PHONE NO.  ( ) | | ALTERNATE PHONE NO.  ( ) | | | | DAY FAX NO.  ( ) | | |
| **DETAILS OF REQUESTED INFORMATION** | | | | | | | | |
| ­­­WHAT INFORMATION ARE YOU REQUESTING? (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 below is not sufficient.) | | | | | | | | |
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| ***E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | |
| ARE YOU REQUESTING ACCESS TO ANOTHER PERSON’S PERSONAL INFORMATION? ☐ YES ☐ NO  IF SO, PLEASE ATTACH AS APPROPRIATE:   1. that person’s signed consent for disclosure, or 2. proof of authority to act on that person’s behalf. | | | | | | | | |
| YOUR SIGNATURE: | | | | | DATE SIGNED (Year/Month/Day): | | | |