REQUEST FOR ACCESS TO RECORDS

UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

|  |
| --- |
| **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*  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 requestprocess. Please attach a separate sheet if the below is not sufficient.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| ***E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ARE YOU REQUESTING ACCESS TO ANOTHER PERSON’S PERSONAL INFORMATION? ☐ YES ☐ NOIF 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): |