



Request for Access to Organizational Records

| Name | | | |
|---|-------------------|--|--|
| Last Name | First Name | Middle Name | |
| Address | | | |
| Street / Apt. Number / PO Box | City / Town | Province | Postal Code |
| Telephone / Fax / E-mail | | | |
| Day Phone # | Alternate Phone # | Fax # | E-mail Address |
| Details Concerning Requested Information | | | |
| Information Requested (Please describe the records you are requesting. Please be as specific as possible. Attach a separate sheet if the space below is not sufficient.) | | | |
| Are you requesting access to another person's personal information? If so, please attach either of the following: a) The respective person's signed consent for disclosure; or, b) Proof of authority to act on the respective person's behalf. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preferred method of viewing records: | Your signature | Date Signed (YYYY/MM/DD) | |
| <input type="checkbox"/> Examine originals <input type="checkbox"/> Receive copy | | | |
| FOR OFFICE USE ONLY | | | |
| Request # | Request Code | Request Category(ies) | Date Received |
| | | <input type="checkbox"/> Personal Information <input type="checkbox"/> Non-Personal Information | |
| Note: You may make a request for access to records without completing this form, provided you do so in writing. Personal information collected in this form is collected and protected under the provisions of privacy legislation and will only be used for the purposes of responding to your request. | | | |
| Office signature and date upon completion of request: | | | |