**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

ARCS NO.

292-30/

292-40/

**REQUEST FOR ACCESS TO RECORDS**

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

YOUR NAME

LAST NAME FIRST NAME MIDDLE NAME

MISS MS MRS.

## YOUR ADDRESS

OPTIONAL

STREET, APARTMENT NO., P.O. BOX, R.R. NO. CITY / TOWN

PROVINCE / COUNTRY

MR.

OTHER :

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? (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.)

### YES NO

PREFERRED METHOD OF ACCESS TO RECORDS

EXAMINE ORIGINAL

YOUR SIGNATURE

DATE SIGNED (YYYY MMM DD)

RECEIVE COPY

REQUEST NO.

**REQUEST**

FOR PUBLIC BODY USE ONLY

### ACCESS TO GENERAL INFORMATION

ACCESS TO PERSONAL INFORMATION

**CATEGORY**

(ARCS 292-30/ )

(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.

### IPB 1 (07/09)