### Request for : General Information [ ]  Own Personal Information [ ]  Student Information\* [ ]

*\*Must be the legal parent/guardian, or an independent student or adult (previously a student) or have express permission (see Third Party personal information below). Must be able to produce identification/documentation that reflects this position.*

**Applicant:**

Last Name First Name Middle Initial

Mailing Address

City or Town Province Postal Code

Telephone (Home) Telephone (Work) E-mail

[ ]  I would like to receive a copy of the original record

 **or**

**[ ]**  I would like to examine the original record

**Please describe the information or records to which you want access in as much detail as you can.** *(If you want access to personal information, be sure to provide all of the person’s previous names. If you need more space, please use the back of this form.)*

**Third party personal information:**

Are you requesting access to another person’s personal information? [ ]  Yes [ ]  No

*(If ‘yes’ and the parent/guardian, please attach that person’s signed consent for disclosure or proof of authority to act on that person’s behalf.)*

Signature Date

***Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used to respond to your request. A fee may be charged for providing the information requested.***

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| *Office Use Only*Request No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Reference:*

* AP180 FOIP Request for Access to Information or Correction of Personal Information