**Request for: Own Personal Information  Other’s Personal Information**

***\*MUST be the legal parent/guardian or have express permission (see Third Party personal information below). MUST be able to produce identification/documentation that reflects this position.***

***\*Government issued photo ID must be provided along with this form from the individual to whom the information applies but also from the third-party that is requesting access to the information. This is in accordance with the Protection of Privacy Act and Regulation to ensure protection of personal information retained by the School Division. \*Records will be provided digitally unless otherwise requested.***

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| --- | --- | --- |
| **Applicant:** |  |  |
|  |  |  |
| Last Name | First Name | Middle Initial |
|  |  |  |
| Telephone Number (Home) | Telephone Number (Cell) | E-Mail: |
|  |  |  |
| Position of Individual (e.g. parent, student, staff, etc.) |  |  |
| **Request Information for:** |  |  |
|  |  |  |
| Last Name  *\*Last known name while at RVS\** | First Name | Middle Initial |
|  |  |  |
| Alternate Last Name | Alternate First Name | Nickname |
|  |  |  |
| Current Mailing Address |  |  |
|  |  |  |
| City | Province | Postal Code |
|  |  |  |
| Previous Mailing Address |  |  |
|  |  |  |
| City | Province | Postal Code |
|  |  |  |
| Identifiable Number (Alberta Student Number or employee number, if known) | | |
|  | | |
| Last/Current Year Attended | Last School/Location Attended | Last RVS Grade Completed  (Student Only) |

**Please describe the information or records to which you want access to 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.)

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| **I understand that all personal information contained in this form is being collected under the Access to Information and Protection of Privacy Act and will be used only to respond to my request. I acknowledge that a fee may be charged for providing the information requested, in accordance with the Access to Information Act and Regulations, in which case a quote will be provided by the School Division prior to the release of the information. By signing below, I verify that the above information within this form is complete and truthful. In addition, I understand that my request cannot be processed without Government issued photo ID for all relevant parties and, where needed, the consent of the person to whom the information pertains (as outlined on page 1).**   |  |  |  |  | | --- | --- | --- | --- | |  |  | |  | | Signature of Applicant |  | Date | | |
| **For Third-Party requests ONLY:**  Are you requesting access to another person’s personal information? Yes  No  (if ‘yes’, and the parent/guardian or other person is requesting documents with a 3rd Party’s Personal Information, including, a student who is over 18 years of age, that person must sign the consent below and provide photo ID for proof that the person consents to release their information to the Applicant.)  I hereby authorize the Rocky View School Division to release my personal information as described in this Form to \_\_\_\_\_\_     \_\_\_\_\_ in accordance with the Access to Information and Protection of Privacy Act.  (Applicant’s Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date  \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name |

Reference:

* AP180 Access to Information and Protection of Privacy  
  The personal information collected on this form will be used to respond to your access to information request. This collection is authorized by section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, please contact the ATI Coordinator at [busops@rockyview.ab.ca](mailto:busops@rockyview.ab.ca).