



**FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY AND**

REQUEST FOR ACCESS TO RECORDS

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|---|---|--|--|
| NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST | | | |
| | | | |
| YOUR NAME | | | |
| LAST NAME | FIRST NAME | MIDDLE NAME | <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER _____ |
| YOUR ADDRESS | | | |
| STREET, APT., PO BOX, RR NO. | CITY/TOWN | PROVINCE/COUNTRY | POSTAL CODE |
| YOUR TELEPHONE/FAX NUMBER | | | |
| DAY PHONE NO. () | ALTERNATE PHONE NO. () | DAY FAX NO. () | |
| 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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF SO, PLEASE ATTACH, AS APPROPRIATE: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.) | | | |
| PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY | YOUR SIGNATURE | DATE SIGNED (YYYY MMM DD) | |
| FOR SCHOOL DISTRICT USE ONLY | | | |
| REQUEST NO. | REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION | | |
| REQUEST CODE | DATE RECEIVED (YYYY MMM DD) | NAME OF PUBLIC BODY RECEIVING REQUEST | |
| | | SCHOOL DISTRICT No. 67 (OKANAGAN SKAHA) | |
| YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. | | | |
| 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. | | | |