



**FREEDOM OF INFORMATION AND  
PROTECTION OF PRIVACY  
REQUEST FOR ACCESS TO RECORDS**

ARCS NO. 292-30/ 292-40/
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<b>NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST</b>			
<b>YOUR NAME</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____
<b>YOUR ADDRESS</b>			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE / COUNTRY	POSTAL CODE
<b>YOUR CONTACT INFORMATION</b>			
DAY PHONE NO. (    )	ALTERNATE PHONE NO. (    )	E-MAIL ADDRESS	
<b>DETAILS OF REQUESTED INFORMATION</b>			
<b>INFORMATION REQUESTED</b> (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)
<b>FOR PUBLIC BODY USE ONLY</b>			
REQUEST NO	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/ ) <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (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 <i>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.			