

REQUEST FOR ACCESS TO RECORDS FORM

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

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](#) ('FIPPA') AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. Contact privacy@sd42.ca if you have any questions or need assistance in completing this form.

YOUR NAME

LAST NAME

FIRST NAME

COMPANY NAME (if applicable)

YOUR CONTACT INFORMATION

ADDRESS

CITY

PROVINCE/COUNTRY

POSTAL CODE

DAY PHONE NUMBER

ALTERNATE PHONE NUMBER

EMAIL ADDRESS

INFORMATION REQUESTED

DATE RANGE
(YYYY-MM-DD TO YYYY-MM-DD)

SCHOOL/SITE OR DEPARTMENT

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.

Reference or file # if known:

Are you requesting access to another person's personal information?

YES NO

(If YES, please attach the person's consent for disclosure OR proof of authority to act on that person's behalf)

Preferred method of access to records: Electronically By Mail Pick-up in person

SIGNATURE OF APPLICANT

DATE SIGNED
(YYYY-MM-DD)

Note: FIPPA allows 30 business days for the district to respond to your request, although the district will endeavor to respond sooner when possible. Fees for retrieval and reproduction of records may apply in accordance with the Act and [SD42 Policy 5701 Records and Information Management - General](#). Applicants will be notified in advance if fees are applicable.

Please send completed form to privacy@sd42.ca.