Freedom of Information and Protection of Privacy Act

Access to Records Request Form

Central Okanagan Public Schools
Together We Learn

CONTACT INFORMATION

Name/Organization Name:	
Mailing Address:	
Daytime Phone:	Fax:
Email:	

DESCRIPTION OF RECORDS

The *Freedom of Information and Protection of Privacy Act* can only be used to request copies of recorded information, not to pose questions to be responded to. Please phrase your request accordingly. Include the date or time frame for the records if applicable and be as specific as possible. This will assist us in responding to your request. Please also specify any reference or file number(s), if known.

Attach additional information if necessary.

APPLICATION FEE

- A $10 application fee is charged under the *Freedom of Information and Protection of Privacy Act* for non-personal records requests.
- A payment link will be provided upon receipt of this form.

REQUESTS FOR ANOTHER PERSON'S INFORMATION

Important: Are you requesting access to another person's personal information? _____ YES _____ NO

If yes, attach one of the following:

- That person's signed consent for disclosure, or
- Proof of authority to act on their behalf.

REQUESTS FOR YOUR OWN INFORMATION

Please provide a copy of your identification with this form. No application fee required.

SIGNATURE:	**DATE:**

Please send completed form to Privacy.Officer@sd23.bc.ca
or by mail Addressed to Privacy Officer – 1040 Hollywood Road S., Kelowna, BC V1X 4N2

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.