Freedom of Information and Protection of Privacy Act

Access to Records Request Form

CONTACT INFORMATION

Name/Organization Name:		
		For Office Use Only
Mailing Address:		
Walling Address.		Date Received:
Daytime Phone:	Fax:	
Email:		
DESCRIPTION OF RECORDS		
pose questions to be responded to. Please phr	rase your request accordingly	ed to request copies of recorded information, not to v. Include the date or time frame for the records by your request. Please also specify any reference of
Attach additional information if necessary.		
REQUEST		
e you requesting access to another person's personal information?		☐ YES ☐ NO
If YES: Attach either a) That person's signed co	nsent for disclosure or b) Prod	of of Authority to act on the person's behalf.
SIGNATURE:	DATE: (mn	m/dd/\nnn/
SIGNATURE.	DATE. (IIIII	11/ 44/ 79 79 7

Central Okanagan

Public Schools

Together We Learn

FORM SUBMISSION:

Email completed form to privacy.officer@sd23.bc.ca, OR mail/drop off: 1040 Hollywood Rd. S., Kelowna, BC, V1X 4N2