## Freedom of Information and Protection of Privacy Act

**Access to Records Request Form** 

## **CONTACT INFORMATION**

Name/Organization Name:		
		For Office Use Only
Mailing Address:		
		Date Received:
Daytime Phone:	Fax:	
Email:	1	
DESCRIPTION OF RECORDS		
pose questions to be responded to.	Please phrase your request accordingly	ed to request copies of recorded information, not to v. Include the date or time frame for the records if your request. Please also specify any reference or
Attach additional information if necessa	ıry.	
REQUEST		
Are you requesting access to another	er person's personal information?	☐ YES ☐ NO
ii YES: Attach either a) That person	s signed consent for disclosure or b) Pro-	of of Authority to act on the person's behalf.

Central Okanagan

**Public Schools** 

Together We Learn

FORM SUBMISSION:

Email completed form to <a href="mailto:privacy.officer@sd23.bc.ca">privacy.officer@sd23.bc.ca</a>
OR mail/drop off: 1040 Hollywood Rd. S., Kelowna, BC, V1X 4N2