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:	

For Office Use Only
Date Received:

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.

REQUEST

Are you requesting access to another person's personal information? ☐ YES ☐ NO If YES: Attach either a) That person's signed consent for disclosure or b) Proof of Authority to act on the person's behalf.

SIGNATURE:	**DATE:** (mm/dd/yyyy)

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.