BRITISH COLUMBIA
The Best Place on Earth

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

ARCS NO.
292-30/
292-40/

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL
			☐ MISS ☐ MS ☐ MRS. ☐ MR. ☐ OTHER : _____

YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE

YOUR CONTACT INFORMATION

DAY PHONE NO.	ALTERNATE PHONE NO.	E-MAIL ADDRESS
( )	( )	

DETAILS OF REQUESTED INFORMATION

INFORMATION REQUESTED (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.

PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? ☐ YES ☐ NO
(IF SO, PLEASE ATTACH, AS APPROPRIATE:
a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		

FOR PUBLIC BODY USE ONLY

REQUEST NO.	**REQUEST CATEGORY** ☐ ACCESS TO GENERAL INFORMATION (ARCS 292-30/) ☐ ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)

REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST

- YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.
- BIRTHDATE AND CORRECTIONS SERVICE NO. ARE REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION
- 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.