



## Request for Access to Records

You may make a request for access to records without using this form, provided you do so in writing. 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.

APPLICANT'S NAME			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
APPLICANT'S ADDRESS			
Street, Apt.#, PO Box, RR No.	City/Town	Prov./Terr.	Postal Code
APPLICANT'S TELEPHONE / FAX NO.(s) (incl. area code)			
Day phone (   )	Email Address (   )	Day Fax No. (   )	
DETAILS OF REQUESTED INFORMATION			
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 Ref # or File #, if known.
Are you requesting access to another person's personal information? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please attach, as appropriate: <ol style="list-style-type: none"> <li>a) That person's signed consent for disclosure, or</li> <li>b) Proof of authority to act on that person's behalf</li> </ol>			
Preferred method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Applicant's signature		Date signed: YY/MM/DD
FOR PUBLIC BODY USE ONLY			
Request No.	Request Category: <input type="checkbox"/> ACCESS TO GENERAL INFORMATION <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION		
Request Code	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature	

*Please note: the Act allows 30 business days for us to respond to your request, although we will respond sooner, if possible.*

**After signature, you may submit this form by any of the following methods:**

- Scan and email to [privacy@abbyschools.ca](mailto:privacy@abbyschools.ca)
- Fax to the Abbotsford School Board Office at (604) 859-5898
- Mail to FOI Records, c/o Privacy Officer, 2790 Tims Street, Abbotsford, BC V2T 4M7

Please ensure that you provide or bring appropriate documentation to verify your identity. Acceptable forms of identification include Driver's License, Passport, Photo BC Services Card or BCID card. There may be a cost associated with this request.