## Request for Access to Records Form - Employees



In accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*, requests for information not routinely released must be submitted to the <u>Human Resources Department</u> of the School District through a request for information.

OUR NAME			
LAST NAME		FIRST NAME	
	VOLID CONTAC	T INFORMATION	
DAY BUONE N		T INFORMATION	EMAIL ADDDESO
DAY PHONE No.	ALTERNATE PHONE	= NO.	EMAIL ADDRESS
	DETAILS OF REQUE	STED INFORMAT	ION
DATE OF REQUEST:			
<b>INFORMATION REQUESTED</b> (PLE WILL ASSIST THE REQUEST PRO			NG. BE AS SPECIFIC AS POSSIBLE, AS THIS
WILL ASSIST THE REQUEST PRO	CESS. ATTACH A SEPARATE SI	TEET IF THE SPACE B	ELOW IS NOT SUFFICIENT.
YOU MAY MAKE A REQUEST FOR PERSONAL INFORMATION CONTA			I, PROVIDED YOU DO SO IN WRITING.
PROTECTION OF PRIVACY ACT A			

Cross Reference: Access to Information and Protection of Privacy and Personal Information Policy 2.4.3

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