Request for Access to Records Form – Student/Parents



In accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA),* requests for information not routinely released must be submitted to **the school** with this request for information form.

YOUR NAME			
LAST NAME		FIRST NAME	
YOUR CONTACT INFORMATION			
DAY PHONE No.	ALTERNATE PHONE	No.	EMAIL ADDRESS
SCHOOL INFORMATION			
SCHOOL NAME:			
DETAILS OF REQUESTED INFORMATION			
DATE OF REQUEST:			
			IG. BE AS SPECIFIC AS POSSIBLE, AS THIS
WILL ASSIST THE REQUEST PROCESS.	ATTACH A SEPARATE SH	IEET IF THE SPACE B	ELOW IS NOT SUFFICIENT.
YOU MAY MAKE A REQUEST FOR ACCE	SS TO RECORDS WITHOU	UT USING THIS FORM	, PROVIDED YOU DO SO IN WRITING.
PERSONAL INFORMATION CONTAINED			
PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.			

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