Request for Access to Records Form - Volunteers



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** through a request for information.

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:			
INFORMATION REQUESTED (PLEASE DESC	CRIRE THE RECORDS	YOU ARE REQUESTIN	G RE AS SPECIFIC AS POSSIRI E AS THIS
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.			
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 <i>FREEDOM OF INFORMATION AND</i>			
PROTECTION OF PRIVACY ACT AND WILL			
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Cross Reference: Access to Information and Protection of Privacy and Personal Information Policy 2.4.3

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