Request for Access to Records Form - General



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>FIPPA Officer of the School District</u> through a request for information.

YOUR NAME			
LAST NAME	FII	IRST NAME	
YOUR CONTACT INFORMATION			
DAY PHONE No.	ALTERNATE PHONE No.	o. EMAIL ADDRESS	
	DETAILS OF REQUESTI	ED INFORMATION	
	DETAILS OF REQUESTI	ED INI ONMATION	
DATE OF REQUEST:			
		U ARE REQUESTING. BE AS SPECIFIC AS POS T IF THE SPACE BELOW IS NOT SUFFICIENT.	SIBLE, AS THIS
PERSONAL INFORMATION CONTAINE	ED ON THIS FORM IS COLLECTE	USING THIS FORM, PROVIDED YOU DO SO IN ED UNDER THE <i>FREEDOM OF INFORMATION A</i> PURPOSE OF RESPONDING TO YOUR REQUE	AND

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

Mission Public Schools 1 | P a g e