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	
		T INFORMATION	
DAY PHONE No.	ALTERNATE PHONE	No.	EMAIL ADDRESS
	SCHOOL IN	FORMATION	
SCHOOL NAME:			
DETAILS OF REQUESTED INFORMATION			
DATE OF REQUEST:			
			G. BE AS SPECIFIC AS POSSIBLE, AS THIS
WILL ASSIST THE REQUEST PROCESS. A	ATTACH A SEPARATE SH	IEET IF THE SPACE BE	ELOW IS NOT SUFFICIENT.
YOU MAY MAKE A REQUEST FOR ACCES			
PERSONAL INFORMATION CONTAINED			
PROTECTION OF PRIVACY ACT AND WIL	L BE USED ONLY FOR TH	HE PURPOSE OF RESI	PONDING TO YOUR REQUEST.

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

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