## **Request for Access to Records Form**



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

YOUR NAME			
LAST NAME		FIRST NAME	
YOUR CONTACT INFORMATION			
DAY PHONE No.	ALTERNATE PHONE	No.	EMAIL ADDRESS
	DETAILS OF REQUE	STED INFORMATI	ON
DETAILS OF REQUESTED INFORMATION			
DATE OF REQUEST:			
INFORMATION REQUESTED (PLEA WILL ASSIST THE REQUEST PROC			G. BE AS SPECIFIC AS POSSIBLE, AS THIS ELOW IS NOT SUFFICIENT.
YOU MAY MAKE A REQUEST FOR A PERSONAL INFORMATION CONTA PROTECTION OF PRIVACY ACT AN	NINED ON THIS FORM IS COLLEC	CTED UNDER THE FR	

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

Mission Public Schools 1 | P a g e