

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:		
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 PROTECTION OF PRIVACY ACT</i> 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](#)