



GULF ISLANDS
SCHOOL
DISTRICT 64

FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 64 (GULF ISLANDS)

YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER : _____
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YOUR ADDRESS

STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
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YOUR CONTACT INFORMATION

DAY PHONE NO.	ALTERNATE PHONE NO.	E-MAIL ADDRESS
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DETAILS OF REQUESTED INFORMATION

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.)	PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN
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ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?
(IF SO, PLEASE ATTACH, AS APPROPRIATE: YES NO)

a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR
b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)

PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
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FOR SCHOOL DISTRICT USE ONLY

REQUEST CATEGORY	<input type="checkbox"/> ACCESS TO GENERAL INFORMATION	<input type="checkbox"/> ACCESS TO PERSONAL INFORMATION
DATE RECEIVED (YYYY MMM DD)	DATE DUE (YYYY MMM DD)	

- YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.
- BIRTHDATE IS REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION
- PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.