

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

THE	BOARD OF EDUCA	ATION OF SCHOO	OL DISTRICT	NO. 64 (GULF ISLA	ANDS)
YOUR NAME					
LAST NAME	FIRST NAME	N	MIDDLE NAME	OPTIONAL	MISS MS MRS. MR. OTHER:
		YOUR AD	DRESS	-	
STREET, APARTMENT NO., P.O. B	DX, R.R. NO.	CITY / TOWN		PROVINCE / COUNTRY	POSTAL CODE
	\	OUR CONTACT	INFORMATIO	N	
DAY PHONE NO.		ERNATE PHONE NO.		E-MAIL ADDRESS	
()	()			
	DETA	ILS OF REQUES	TED INFORM	ATION	
INFORMATION REQUESTED AS POSSIBLE, AS THIS WILL BELOW IS NOT SUFFICIENT.				O. LO. 10	IFY ANY REFERENCE OR FILE F KNOWN
ADE VOU DEQUESTING A			DMATIONS -	VES NO	
(IF SO, PLEASE ATTACH, A a) THAT PERSON'S SIGNE	CCESS TO ANOTHER PERS AS APPROPRIATE: ED CONSENT FOR DISCLOS TO ACT ON THAT PERSON	SURE, OR	RMATION?	YES NO	
PREFERRED METHOD OF ACCESS TO RECORDS EXAMINE ORIGINAL RECEIVE COPY	YOUR SIGNATURE				DATE SIGNED (YYYY MMM DD)
	FC	R SCHOOL D	ISTRICT US	SE ONLY	
REQUEST CATEGORY ACCESS TO GENERAL INFORMATION ACCESS TO PERSONAL INFORMATION					
DATE RECEIVED (YYY	Y MMM DD)		DATE DUE	(YYYY MMM DD)	
YOU MAY MAKE A REQUE: BIRTHDATE IS REQUIRED PERSONAL INFORMATION AND WILL BE USED ONLY BE	TO VERIFY THE INDIVIDUA CONTAINED ON THIS FOR	L REQUESTING THE INF M IS COLLECTED UNDE	FORMATION ER THE <i>FREEDOM</i> (NG. ROTECTION OF PRIVACY ACT

Appendix to AP C2 Date: May 1, 2024