University of Victoria

Freedom of Information and Protection of Privacy Act

REQUEST FOR ACCESS TO RECORDS

Office Use Only

1. Request No.: _____
2. Date Received: _____
3. ☐Access to general information 4. ☐Access to personal information

Please Print

4. Your Name: _____

5. Your Address: _____

   _____ Postal Code: _____

6. Your Phone No(s).: _____

7. Your email (optional): _____

8. Details of requested information:
Please describe the records you are requesting. Be as specific as possible to assist the request process, and identify in which offices the records may be located. Attach a separate sheet if space below is not sufficient.

Please specify reference or file number(s), if known: _____
What is your preferred method of access to records? ____ Examine original ____ Receive copy

9. Third party personal information:
   Are you requesting access to another person's personal information? ____Yes ____No
   If yes, please attach that person's signed consent for disclosure, or proof of authority to act on that person's behalf.

10. _____ _____
    Your Signature Date

Access to personal information will be provided upon confirmation of an applicant's identity.

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 *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

Mail to: University Secretary, University of Victoria, PO Box 1700 STN CSC, Victoria BC V8W 2Y2