

**FOI ACCESS REQUEST****Part 1 - Request under the *Freedom of Information and Protection of Privacy Act* for:**

- ☐ Access to records on a particular subject  
☐ Access to own personal information  
☐ Access by an authorized party to information about another individual  
(Must also enclose a completed *Consent for Personal Information Disclosure to a Third Party* form)

**Part 2 – Applicant's Information**

Last Name		First and middle name(s)		
Apt. No / PO Box	Street number and name			
City	Province	Postal code	UVic ID V	
Day Phone or Cellular No.		E-mail address		

**Part 3 – Description of Records Sought** (provide as much detail as possible below about the records)**(a) Time period of records** (dd/mm/yyyy):

From:	To:
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**(b) Location of records** (please specify where records might be located, i.e., name of faculty, school, department):

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**Description of Records** (you may enclose a separate page to this form):

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**If you are requesting personal information, enclose a copy of a government issued I.D. to confirm your identity and please sign this form.**

\_\_\_\_\_  
Signature\_\_\_\_\_  
DD/MM/YYYYY (required)

**Please send the completed form and copy of I.D., if applies, to the Access Officer to the address or the fax number above. If sent to foipp@uvic.ca, we advise to encrypt it and phone us with the password.**

Personal information contained on this form and the copy of an I.D. is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to this access request.