

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):

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

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.

