

Freedom of Information and Protection of Privacy

Request for Access to Information Form

Your Information		
Last Name:		First Name:
Email:	Phone:	Alternate Phone:
Details of Requested Information		
<p>What records are you requesting? Please be specific to help us expedite your request. If you require additional space, attach another page.</p>		
<p>Are you requesting access to another individual's personal information? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please attach that individual's signed consent for disclosure, or provide proof of authorization to act on their behalf.</p>		
Signature:		Date:

Please submit this form to fippa@ufv.ca. You may also make a request for access to records without using this form by simply submitting your request in writing to fippa@ufv.ca.

Please note that for security reasons, we will need to check your government issued photo ID or UFV ID before releasing personal information to you.

Note: The University of the Fraser Valley collects, uses, discloses, and retains personal information in compliance with the *Freedom of Information and Protection of Privacy Act*. The information collected in this form will be used for responding to your request.