

Request for Access to Records

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.

APPLICANT'S NAME					
Last Name	First Name	Middle	e Name	☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other	
APPLICANT'S ADDRESS					
Street, Apt.#, PO Box, RR No.	City/Town	Pro	ov./Terr.	Postal Code	
APPLICANT'S TELEPHONE / FAX NO.(s) (incl. area code)					
Day phone	Email Address	Day Fa		0.	
()	()		()		
DETAILS OF REQUESTED INFORMATION					
Please describe the records you are requesting. Be as specific as possible, as this will assist the Request process. Attach a separate sheet, if the space below is not sufficient.			Please spec	Please specify any Ref # or File #, if known.	
Are you requesting access to anoth If so, please attach, as appropriate.		n? □ YES □ NO			
a) That person's signed consent for disclosure, orb) Proof of authority to act on that person's behalf					
	Applicant's signature	SODY USE ONLY		Date signed: YY/MM/DD	
Request No.	Request Category:				
	☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION				
Request Code	Date Rec'd YY/MM/DD	FOI Head/Coordinator Signature			

Please note: the Act allows 30 business days for us to respond to your request, although we will respond sooner, if possible.

After signature, you may submit this form by any of the following methods:

- Scan and email to tracy.orobko@abbyschools.ca
- Fax to the Abbotsford School Board Office at (604) 859-5898
- Mail to FOI Records, c/o Tracy Orobko, 2790 Tims Street, Abbotsford, BC V2T 4M7

Please ensure that you provide or bring appropriate documentation to verify your identity. Acceptable forms of identification include Driver's License, Passport, Photo BC Services Card or BCID card. There may be a cost associated with this request.