BC Assessment

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST
BC Assessment

YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other:

YOUR ADDRESS			
STREET ADDRESS	CITY/TOWN	PROV/COUNTRY	POSTAL CODE

YOUR CONTACT INFORMATION		
DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL ADDRESS

DETAILS OF REQUESTED INFORMATION

Information Requested (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.

Are you requesting access to another person's personal information? ☐ YES ☐ NO
(If so, please attach, as appropriate:

a. That person's signed consent for disclosure, or
b. Proof of authority to act on that person's behalf.)

PREFERRED METHOD OF ACCESS TO RECORDS	YOUR SIGNATURE	DATE SIGNED (YYYY MMM DD)
☐ EXAMINE ORIGINAL ☐ RECEIVE COPY		

FOR PUBLIC BODY USE ONLY

DATE RECEIVED (YYYY MMM DD)	**REQUEST CATEGORY**	☐ ACCESS TO GENERAL INFORMATION ☐ ACCESS TO PERSONAL INFORMATION

- 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.