



Request to Access Information

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request.

About you

Mr. Mrs. Ms. Miss Dr.

Last name: _____ First name: _____

Mailing address: _____

City or town: _____ Province: _____ Postal code: _____

Telephone (daytime) _____ Telephone (evening) _____ Fax number: _____

Email: _____

Name of company or organization (if applicable) _____

About your request

1. What kind of information are you requesting access to?

- Personal Information (*Fee is charged if copies exceed 10.00*)
- General information (*Please attach the Initial fee of \$25.*)
- Child/Children's student cumulative record information (*Fee is charged if copies exceed 10.00*)

Name of Child: _____

Child's Date of Birth: _____

2. To which public body are you making your request?

Greater St. Albert Catholic Schools

3. Do you wish to: Receive a copy of the record? Examine the record?
 Receive a letter confirming information requested
 Other _____

About the Information you want to access

1. What records do you want to access? Please give as much detail as possible. (*If you want access to your personal information, be sure to give all your previous names. For another person's information, you must attach proof that can legally act for that person. If you need more space, please attach a separate sheet of paper.*)

2. What is the time period of the records? Please give specific dates.

Your signature Signature: _____ Date: _____

For FOIP/Records Management office use only:

Date received: _____ Request number: _____

Comments: _____