

Access to Information Request

Applicant Information

Last Name:		First Name:	
Address:		City or Town:	Province
Postal Code	Telephone (residence)	Telephone (work or cel)	Fax

Details of Requested Information

General Information	Personal Information
School Division or School	
Name of Record (if known)	
Detailed Description of Record:	

I understand that an application fee of \$20 is to be submitted with this request unless, with respect to a request for personal information, the fee is waived under the terms of the Act. I also understand that there may be a processing fee to process this request and that, prior to receiving access to the records that I have requested, I am required to pay that fee unless it is waived.

☐ **Check if requesting waiver of processing fee:**

I request that payment of the processing fee related to this request be waived because payment will cause me substantial financial hardship. Details are as follows: *(Use reverse of form if additional space is required.)*

Date

Applicant's signature