

**CONTACT INFORMATION:** \_\_ Mr. \_\_ Ms. \_\_ Mrs.

Middle Name

Last Name

## Langara College **Records Management and Privacy**

100 West 49th Avenue, Room C323g Vancouver, BC V5Y 2Z6 Tel: 604-323-5660 Fax: 604-323-5577

Email: <u>irajotte@langara.ca</u>

Any other name(s) you are also known as:

## **REQUEST FOR ACCESS TO** PERSONAL INFORMATION

Freedom of Information and Protection of Privacy Act

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. If you have any questions about the collection, use or disclosure of this information, call Records Management and Privacy at 604-323-5660.

You may make a request for access to records without using this form, provided that your request is in writing, however completing this form will enable us to respond to your request more quickly.

First Name

Address (Street, Apartment No., P.O. Box)			
City	Province		Postal Code
Phone	Alternate Phone		Fax (daytime) or Email
ADDITIONAL PERSONAL IDENTIFIERS:			
A request for access to records must provide sufficient detail to enable identification of the records sought. In order to identify the personal records			
being sought, it is often necessary to match unique identifiers provided by an applicant with information in their file(s). Please provide your:			
Date of Birth (yyyy/mm/dd)		Langara Student ID Number (if applicable)	
Employee ID Number (if applicable)		Other Unique Identifier (if applicable)	
DETAILS OF REQUESTED INFORMATION:			
Please describe the records you are requesting. Be as specific as possible, as this will assist the search process. Attach a separate sheet if you need more space.			
		1.5	
Are you requesting access to another person's p	personal information?	If so, please a. That pe	attach: erson's signed consent for disclosure, or
Yes No		b. Proof o	f authority to act on that person's behalf
Signature		Date	
Print sign and submit the form to the above address			

Print, sign and submit the form to the above address.