



LOCAL AUTHORITY FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

PART III
Form A
[Clause 6(1)(a) of the Act]

Freedom of Information

Access to Information Request Form

L-27.1 REG 1

Note: Please direct the request to the appropriate local authority for response.

Personal information and personal health information on this form is collected under The Local Authority Freedom of Information and Protection of Privacy Act and The Health Information Protection Act and will be used or disclosed only as necessary to respond to your request.

(Please Print)

INFORMATION ABOUT YOU

Form with fields: Last Name, First Name, Address, City or Town, Province, Postal Code, Telephone Numbers (Residence, Work, Cell), Facsimile and/or E-mail

INFORMATION ABOUT THE RECORDS YOU ARE REQUESTING

Form with sections: Are You Requesting (checkboxes), To Which Local Authority Are You Making Your Request?, Name of Person(s) of Whom Information is Being Requested, Date of Birth of Person(s) of Whom Information is Being Requested, School/Facility that Person(s) Attended and Years of Attendance, What Records Do You Wish to Access?

What is the Time Period for the Records You Are Requesting (if applicable)?

Requests for Class Lists for Reunion Purposes
The applicant agrees to treat the information received appropriately and only for the purpose requested and will not share it with others
 Agree Disagree

I understand that an application fee of \$20 **must** be submitted with this request, payable to the local authority. The person managing your request may contact you to seek clarification or to discuss aspects of the request, including the application of additional fees if necessary. You may request a waiver of the processing fee or additional fees, but may be required to provide evidence of substantial financial hardship (see section 8 of the regulations). Please keep a copy of this request for your records.

Application Fee has been submitted with the application form to start the search for information requested.

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 bottom of form if additional space is required)*

Additional Information:

Signature of Applicant

Completed Forms, with application fees, should be submitted to the following address for processing:

**Chinook School Division No. 211
PO Box 1809
Swift Current, SK
S9H 4J8**

For Office Use Only	
Date Received _____	Application No. _____
Application Fee Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expiry Date _____	Date Completed _____