



# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

## REQUEST FOR ACCESS TO RECORDS

<b>THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 6 (ROCKY MOUNTAIN)</b>			
<b>YOUR NAME</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER : _____
<b>YOUR ADDRESS</b>			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
<b>YOUR CONTACT INFORMATION</b>			
DAY PHONE NO. (    )	ALTERNATE PHONE NO. (    )	E-MAIL ADDRESS	
<b>DETAILS OF REQUESTED INFORMATION</b>			
<b>INFORMATION REQUESTED</b> (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.)			PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? (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.)		YES	NO
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YYYY MM DD)	
<b>FOR SCHOOL DISTRICT USE ONLY</b>			
<b>REQUEST CATEGORY</b>	ACCESS TO <u>G</u> ENERAL INFORMATION	ACCESS TO <u>P</u> ERSONAL INFORMATION	
DATE RECEIVED (YYYY MM DD)	DATE DUE (YYYY MM DD)		
<ul style="list-style-type: none"> <li>• YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.</li> <li>• BIRTHDATE IS REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION.</li> <li>• PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE <b>FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</b> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.</li> </ul>			