

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) REQUEST FOR ACCESS TO INFORMATION

See page two for instructions for completing this form.

Details of Requested Information

1. Please describe the information you are requesting. Be as **specific** as possible in order to assist the request process. If you want access to personal information, provide all the person's previous names. Attach a separate sheet if the space is not sufficient. _____

 2. Please give specific dates regarding the time period of the records requested _____
 3. In which school/department do the records reside? _____
 4. Request Type General Information – **One Time** request - \$25 application fee attached? Yes No
 General Information – **Continuing** request - \$50 application fee attached? Yes No
 Personal Information – No application fee required.
- A request for General Information includes a request for personal information of a third party. All requests for General Information require payment of the application fee before the request can proceed. Additional processing fees may be charged for providing the information requested. If so, you will be contacted with an estimate of the fees.
5. Are you acting on behalf of and requesting access to ANOTHER individual's personal Information? Yes No
If yes, please attach proof of legal authority to act on that individual's behalf.
 6. How do you want to access the information? Examine Record or Receive Copy

Applicant Information

Last Name _____ First Name _____ Middle Name _____
 Mr. Mrs. Ms. Miss Dr. Other _____
 Company or Organization Name (if applicable) _____
 Mailing Address: Street / Apt. No. / PO Box / RR No. _____
 City / Town _____ Province / Country _____ Postal Code _____
 Day Phone No. _____ Alternate Phone No. _____ Email _____

Signature and Notification

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)* and will be used to respond to your request. It will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions about the collection or its intended use, contact the *FOIP Coordinator* Battle River School Division, 4302 38 Street, Camrose, AB T4V 4B2 or at telephone 780-672-6131.

Signature _____ Date _____
MM/DD/YYYY

Battle River School Division Use Only

Request Number _____ Date Receive _____
M/DD/YYYY

How to Complete the Form

You can access many Battle River School Division (BRSD) records without making a request under the *Freedom of Information and Protection of Privacy Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact Battle River School Division at 780-672-6131.

Details of Requested Information

If you need help to find out what records BRSD has, please contact the FOIP Coordinator, Battle River School Division, 4302 38 Street, Camrose, AB T4V 4B2 or by telephone at 780-672-6131.

1. What information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.
 - a. If you are requesting your own personal information, please be sure that you give:
 - your full name
 - any other names that you have previously used
 - any identifying number that relates to the records, such as your employee number, student identification number or other identification number.
 - b. If you are requesting another person's information, please give:
 - the person's full name
 - any other name that person may have used
 - any identifying numbers for the person if you know them.
2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 2021 to August 31, 2023, enter those dates in the space provided. If you want records from August 2023 to present, enter "August 2023 to date of request."
3. Enter the name of the school and/or the department that you believe has the records.
4. What kind of information are you requesting? Indicate whether you are requesting general or personal information. Indicate whether you are making a One Time or Continuing request.
5. If you are requesting records for another person, you must provide proof that you have the legal authority to act for that person.
6. Do you want to receive a copy of the record or examine the record? Check the appropriate box.

Personal Information is your personal information or the personal information of an individual you are entitled to represent.

General Information is information other than personal information. For example, it would include information about a third party.

Proof of Identity

If you are requesting records containing your personal information, proof of your identity is required. Please provide a copy of a government-issued photo ID document with a signature thereon. You have the option of providing this in person.

Proof of Legal Authority

If you are requesting records containing personal information of another person, you must provide proof that you have the legal authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

Fees

There is no fee for accessing personal information unless the cost of producing copies is more than \$10. In these cases, you will be notified of the fee.

If you are making a request for general information, there is an initial fee of \$25. You will be provided with an estimate of how much your request will cost before processing begins. There is no additional fee if the total processing cost is \$150 or less. If the total cost of processing your request is more than \$150, you will be asked to pay a 50% deposit of the estimated total cost. The records are provided when the fee is paid in full.

If you are making a Continuing request (the same request processed repeatedly at pre-determined time intervals over a period of up to 2 years), you should contact the FOIP Coordinator. The initial fee is \$50 and you must pay any additional costs as the information becomes available.

For more information, visit the [FOIP](#) website.

Applicant Information

Enter your last name, first name, and middle name, and check the title by which you prefer to be addressed. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address and your daytime and alternate telephone numbers. BRSD may need to contact you if they have any questions about your request. If you have an email address to which correspondence can be sent or where you can be contacted at, please enter it in the space provided.

Signature

Sign and date the form and send it to:

FOIP Coordinator

Battle River School Division

4302 38 Street, Camrose, AB T4V 4B2