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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Initial(s) | | Last Name | | | | |  | | | | |
| Address | | | | | | City | | | Province | | | Postal Code |
| Day Phone | | Alternate Phone | | | | | Email | | | | | |
| Date signed:  Description of 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. | | | | | | | | | | | | |
| 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 | | | | | | | | |
| Signature | | | | | Year  Month  Day | | | | | | | |
| Personal information contained in 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. Please note that fees may apply for requests, as per the *Act*. | | | | | | | | | | | | |
| **For Vancouver Island University Use Only** | | | | | | | | | | | | |
| Request # | | Request Category: | | | | | | | | Date Received | | |

