



Freedom of Information Request Form

How to Submit: Email completed form to info@sd47.bc.ca or mail to: Office of the Privacy Officer ATTN: FOI Request, 4351 Ontario Ave. Powell River, B.C. V8A 1V3. You may also submit an FOI request without using this form as long as the request is in writing and contains all the information below. **Fees:** There are no fees for submitting Personal FOI requests. A \$10 application fee applies to General FOI requests. Additional fees may apply to General FOI requests for time spent locating, retrieving, preparing, and providing copies of records per Section 75(1)(b) of FIPPA.

How to Pay: Accepted payment methods include e-Transfer, Cash, or Cheque made payable to School District #47. Payment instructions will be provided after form submission. Do not submit payment information with this form.

Identification: Before receiving records containing personal information, you must provide valid government-issued photo ID or proof of authority if requesting another individual's records. Identification instructions will be provided after form submission. Do not include ID with this form.

1. Contact Information			
Last Name:		First Name:	Middle Name:
Email Address:			Phone Number:
2. Details of Requested Information			
Please use this field to describe the records you are requesting. Be as specific as possible as this will help us locate and retrieve the response records. Please note that an FOI request is for records, not for answering questions.			
Date Range of Records: From:		To:	
Are you requesting access to another individual's personal information?		Yes	No
If yes, submit one of the following with this form: a) The individual's signed consent authorizing disclosure, OR b) Proof of your legal authority to act on the individual's behalf in accordance with Section 5(1)(b) of FIPPA			
3. Preferred Method of Access			
How would you like to receive the records? (Select one)		Emailed	Mailed In-Person Examination
If you selected Mail, Please Provide your mailing address:			
Street Address or P.O Box:	City/Town:	Province:	Postal Code:
4. Authorization to Release Information – please sign below if request is for personal information.			
I hereby authorize qathet School District, to conduct a search for my personal information and to release my personal information in the manner indicated above.			
Printed Name		Signature	Date

Your information is collected in this form for the purpose of providing a response to your Freedom of Information request. If you have any questions about the collection of this personal information, please contact info@sd47.bc.ca.