|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

