



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Human Resources

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

REQUEST FOR ACCESS TO RECORDS

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MR. <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> DR.
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ADDRESS	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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DAY PHONE (    )	ALTERNATE PHONE NO. (    )	DAY FAX NO. (    )
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YOUR CURRENT DEPARTMENT (IF APPLICABLE)	YOUR CURRENT POSITION (IF APPLICABLE)
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PLEASE CONTACT ME TO ARRANGE FOR AN APPOINTMENT, OR  
 I WILL CALL THE HR ASSISTANT TO ARRANGE FOR AN APPOINTMENT.

**INFORMATION REQUESTED**  
(Please describe the records you are requesting. Be as specific as possible as this will assist the request process.  
Please attach a separate sheet if the space below is not sufficient.)

PLEASE SPECIFY ANY EMPLOYEE OR FILE NUMBER(S), IF KNOWN: \_\_\_\_\_

ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION?     YES     NO

IF SO, PLEASE ATTACH AS APPROPRIATE:  
A) that person's signed consent for disclosure, including that person's address & telephone number, or  
B) proof of authority to act on that person's behalf

PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED YR      MONTH      DAY
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FOR UBC USE ONLY		
REFERENCE NUMBER	NAME & SIGNATURE OF IPC	DATE RECEIVED YR      MONTH      DAY

Personal information contained on this form is collected under the **FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT** and will be used only for the purpose of responding to your request.