



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.
-----------	------------	-------------	--

ADDRESS	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
---------	-----------	------------------	-------------

DAY PHONE ()	ALTERNATE PHONE NO. ()	DAY FAX NO. ()
----------------------	--------------------------------	------------------------

YOUR CURRENT DEPARTMENT (IF APPLICABLE)	YOUR CURRENT POSITION (IF APPLICABLE)
---	---------------------------------------

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
---	----------------	---------------------------------------

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.