

FREEDOM OF INFORMATION REQUEST FORM

How to Submit: Email completed form to FOI@surreyschools.ca or mail to: Freedom of Information Office, 14033 92 Avenue, Surrey, BC V3V 0B7. You may also submit an FOI request without using this form so long as the request is in writing.

Fees: There are no fees for submitting Personal FOI requests. However, 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 as per Section 75(1)(b) of FIPPA.

How to Pay: Accepted payment methods include e-Transfer, Credit (Visa or MasterCard), Cash, or Cheque made payable to SD #36 (Surrey). 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 responsive records. Please note that an FOI request is for records, not for answering questions.

Date Range of Records: From (DD/MM/YYYY) _____ To: (DD/MM/YYYY) _____

Are you requesting access to another individual's personal information? Yes No

If yes, provide one of the following:

- 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 Mailed, Please Provide Your Mailing Address:

Street Address or P.O Box:	City/Town:	Province:	Postal Code:
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4. Authorization to Release Information

I hereby authorize School District 36 (Surrey) to conduct a search for my personal information and to release my personal information in the manner indicated above.

Printed Name

Printed Signature

Date

Your personal information will be collected in this form for the purpose of providing a response to your request. If you have any questions about the collection of this personal information, please contact: privacy@surreyschools.ca. This information is being collected by Surrey Schools under s.26(c) of the Freedom of Information and Protection of Privacy Act.