

ACCESS TO RECORDS REQUESTS

INSTRUCTIONS

To make a request under the *Freedom of Information and Protection of Privacy Act* (the “Act”, “FIPPA”) for access to records within the custody or control of the Chilliwack School District, please complete the form on page 2 of this document and submit it to the [Privacy Officer](#).

- Requests are ordinarily processed within 30 business days, but timelines may be extended in some circumstances as permitted by *FIPPA*.
- Persons requesting copies of their own personal information may be asked to provide proof of identity before records will be released.
- If you are making a request for personal information on behalf of another person, please enclose a written authorization from the individual whose information you are requesting.

FEES

- A non-refundable application fee of \$10 is required for all general Access to Records requests. Your request will not be processed until payment is received.
- There are no application fees for personal FIPPA requests or requests from Indigenous Governing Entities.
- Fee payments can be made by cash, cheque or credit card at the Chilliwack School District Office.
- Please note that additional processing fees may apply depending on the size and complexity of the request as permitted under Section 75 of the Act. If an additional fee will be charged, we will provide you with an estimate of the fees before responding to your request.

CONTACT INFORMATION

- All formal requests must be submitted by in-person drop-off, mail, or email to:
School District No.33
Attn: Privacy Officer
8430 Cessna Drive
Chilliwack BC V2P 7K4
email: privacy@sd33.bc.ca

REQUEST FOR ACCESS TO RECORDS

A non-refundable \$10 application fee applies to all general Access to Record Requests. This fee does not apply to requests for one's own Personal Information.

Please email this completed form to privacy@sd33.bc.ca

Last Name:	First Name:		
Address:	City	Province	Postal Code
Contact Phone Number:	Email Address:		

DETAILS OF REQUESTED RECORDS	
RECORDS REQUESTED: (Please describe the 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.)	
Date Range (if applicable)	
Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach, as appropriate: a) That person's signed consent for disclosure, or b) Proof of authority to act on that person's behalf	
Preferred Method of Access to records: <input type="checkbox"/> Digital Copy <input type="checkbox"/> Photocopy <input type="checkbox"/> Examine Original	
Your signature:	Date signed (YYYY/MM/DD)

You may make a request for access to records without using this form by emailing privacy@sd33.bc.ca.