



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

REQUEST TO ACCESS INFORMATION

Personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* s. 33(a) and will be used to respond to your request. Instructions for completing this form are on the back. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).

About you

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last name		First name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss				
Name of company or organization (if applicable)				
Mailing address				
City or town		Province	Postal code	
Telephone (daytime)	Telephone (evening)	Fax number	E-mail address	

About your request

- What kind of information are you requesting access to?
☐ **General information** (Please attach the initial fee of \$25.)
☐ **Personal information** (No initial fee is required for personal information.)
- Do you want to: (a) receive a copy of the record? ☐ **OR** (b) examine the record? ☐

About the information you want to access

- What records do you want to access? Please give as much detail as possible. (If you want access to your personal information, be sure to give all your previous names. For another person's information, you must attach proof that you can legally act for that person. If you need more space, please attach a separate sheet of paper.)

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- What is the time period of the records? Please give specific dates. (See reverse for details.)

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Your signature

Signature	Date
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Where to send your request

Send your completed request form, and initial application fee if applicable to the FOIP Coordinator (5707 College Drive, Vermilion AB, T9X 1K5).

For FOIP office use only:

Date received	Request number
	Comments

How to complete the form

You can access many public body records without making a request under the *FOIP Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the FOIP Coordinator (780-853-8524; FOIP@lakelandcollege.ca).

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address and your daytime and evening telephone numbers. The public body may need to contact you if they have any questions about your request. If you have a fax number or E-mail address where correspondence can be sent, enter them in the spaces provided.

About your request

1. What kind of information are you requesting?
Indicate whether you are requesting general or personal information.

General information: If you are making a request for general information, there will be an initial fee of \$25. You will be provided with an estimate of how much your request will cost before processing begins. If the total cost of processing your request is more than \$150, you are asked to pay a 50% deposit. The records are provided when the fee is paid in full.

Personal information: If you are requesting records containing your personal information, you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person. There is no fee for accessing personal information unless the cost of producing copies is more than \$10. In these cases, you will be notified of the fee.

If you are making a continuing request (the same request processed repeatedly at pre-determined time intervals over a period of up to 2 years), you should contact the FOIP Coordinator. The initial fee is \$50 and you must pay any additional costs as the information becomes available.

2. Do you want to receive a copy of the record or examine the record? Check the appropriate box.

About the information you want to access

1. What information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

If you are requesting your own personal information, please be sure that you give:

- your full name;
- any other names that you have previously used; and
- any identifying number that relates to the records, such as your employee number, case number or other identification number.

If you are requesting another person's information, please give:

- the person's full name;
- any other name that person may have used on the records; and
- any identifying numbers for the person if you know them.

If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person.

2. Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 1993 to August 31, 1994, enter those dates in the space provided. If you want records from August, 1996 to present, enter "August, 1996 to present."

Your signature

Sign and date the form and send it to the FOIP Coordinator.