

***Application for Access
The Freedom of Information and Protection of Privacy Act***

Applicant

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Daytime Phone _____ Email _____

What information are you requesting?☐ My own personal information ☐ General information☐ Personal information for another person (Attach proof of authority)**I wish to obtain access to the following records** (Attach additional page for description, if required)_____
Information requested for the following date range: _____

Please send the completed form by email to laipvp@ustboniface.ca.