



# Request to Access Information

## HOLY SPIRIT CATHOLIC SCHOOL DIVISION

The personal information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* and will be used by The Holy Spirit Roman Catholic Separate School Division to respond to your request. Once completed, please forward the form to the school division's FOIPP Coordinator by email (foippcoordinator@holyspirit.ab.ca) or mail (620 12B Street North; Lethbridge, AB T1H 2L7).

### About You:

Title (optional)	Last Name	First Name
Name of Company or Organization (if applicable)		
Telephone Number (daytime)	Telephone Number (evening)	Fax Number
Email Address		

### About your request:

#### What kind of information do you want to access?

- General information (an initial fee of \$25 is required) OR  Your own personal information (no initial fee is required)

#### Which school/schools has your child been associated with?

#### Do you want to:

- Receive a copy of the record? OR  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 our own personal information, be sure to give all previous names. For another person's information, you must attach proof that you can legally act for that person).

**What is the time period of the records?** *Please give specific dates.*

Signature

Date