



Access Request Form

Under the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

Note: There is a \$5 application fee for each request

Section A: Type of Request

Check the box that corresponds to the information or records you are requesting.

Access to general records (non-personal information)

Access to own personal information

Access to other's personal information by authorized party (e.g. power of attorney)

Correction of own personal information

Section B: Requester's Information

Please ensure you enter your name, mailing address, telephone and email address accurately.

First Name:

Last Name:

Street Address/Unit #:

City:

Province:

Postal Code:

Email:

Telephone:

If request is for access to/or correction of personal information, please confirm the name as it appears on board's records:

Section C: Description of Records or Correction Requested

Specify the time period for the records as precisely as possible (e.g., from 01-31-2019 to 10-31-2020).

From (MM-DD-YYYY)

To (MM-DD-YYYY)

Request for General Records: Provide a detailed description of the records you are requesting.

Request for Personal Information or Correction of Personal Information: Provide a detailed description of the personal information you are requesting access to or would like corrected, including the personal information bank or record containing the information, if known.

If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may request that a statement of disagreement be attached to your personal information.

Attach additional documentation if required.

If relevant, indicate the department(s) or employee(s) who you believe may be in custody of the personal records you are seeking access to, or correction of.

Section D: Preferred Method of Access to Records

Examine original

Receive copy

Signature: _____ **Date:** _____

Check to provide your consent for the board to communicate with you about this request by email.

Section E: Payment of Application Fee

In order to proceed with your request, you must submit the \$5 application fee.

Payment by Cheque or Money Order

Please make the cheque or money order payable to "YCDSB" and mail it to:

Records and Privacy Office
York Catholic District School Board
320 Bloomington Rd. W,
Aurora, ON, L4G 0M1

Payment by E-Transfer

1. Login to your financial institution's online payment application.
2. Initiate an e-transfer to: etransfer.accounting@ycdsb.ca
3. In the "Description" field input: "Your name - FOI Request"

Personal information contained on this form is collected under the Municipal Freedom of Information and Protection of Privacy Act and will be used to process your request. Questions can be directed to Records and Privacy Office at privacy@ycdsb.ca or 905-713-1211 ext. 13030.