

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**What records do you want to access?** Please give as much detail as possible. (If you want to access your own 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.)

\_\_\_\_\_

**What is the time period of the records?** (e.g. December 1, 2004 to June 30, 2010, All)

\_\_\_\_\_

When do you require the requested information? \_\_\_\_\_

Do you require copies of these documents or access only?  Access OR  Copies  
(Access will allow you to print copies of any record you wish)

If you would like a copy please indicate only 1 option for each section:

Section 1	Section 2
<input type="checkbox"/> Paper Copy	<input type="checkbox"/> Please send the copies to the address at the top
	<input type="checkbox"/> Please hold the copies, and phone me to pick them up
<input type="checkbox"/> Electronic Copy	<input type="checkbox"/> Please send the electronic copy to the email address above (These are sent in a secure file (PDF) format, and you will be notified of the password separately)
	<input type="checkbox"/> Please place on a CD/DVD and send to the address at the top
	<input type="checkbox"/> Please place on a CD/DVD and phone me to pick up

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed form to the Assistant Superintendent – Business Services.

If you have any questions regarding this request for individual information or about our use or disclosure of information, please contact the FOIP Coordinator of the Grande Yellowhead Public School Division No. 77 at 3656 1<sup>st</sup> Avenue, Edson, Alberta T7E 1S8; Telephone: 780-723-4471 or 1-800-723-2564.