



REQUEST FOR ACCESS TO EMILY CARR UNIVERSITY OF ART + DESIGN RECORDS

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| YOUR NAME | |
| | |
| YOUR CONTACT INFORMATION | |
| Please include contact details for how you would like to be contacted regarding this request and where you would like records sent (ex: address, email, phone) | |
| DETAILS OF REQUESTED INFORMATION | |
| Please describe the record(s) you are requesting and be as specific as possible as this will assist the request process. | |
| Are you requesting access to another individual's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, please attach as appropriate: | |
| a) that person's signed consent for disclosure, or b) proof of authority to act on that person's behalf | |
| Your Signature | Date Submitted |
| You may make a request for access to records without using this form, provided you do so in writing. Personal information contained in this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request. Please note that fees may apply for requests as per the Act. | |
| FOR EMILY CARR UNIVERSITY USE ONLY | |
| Request # | Date Received |