### Request for : Own Personal Information Student Information\*

*\*Must be the legal parent/guardian, or an independent student or adult (previously a student) or have express permission (see Third Party personal information below). Must be able to produce identification/documentation that reflects this position.*

**Applicant:**

           

Last Name First Name Middle Initial

Telephone (Home) Telephone (Work) E-mail

**Request for information for:**

Last Name\* First Name\* Middle Initial\*

*\*The last known name while at RVS.*

Alternate Last Name Alternate First Name Nikname

Current Mailing Address

City Province Postal Code

Previous Mailing Address

City Province Postal Code

Identifiable Number (Alberta Student Number or employee number (if known)

Year (yyyy) Last Attended School Last RVS Grade Completed (student only)

**Third party personal information:**

Are you requesting access to another person’s personal information?  Yes  No

*(If ‘yes’ and the parent/guardian, please attach that person’s signed consent for disclosure or proof of authority to act on that person’s behalf.)*

Signature Date

I would like to receive a copy of the original record

**or**

I would like to examine the original record

**Please describe the information or records to which you want access in as much detail as you can.** *(If you want access to personal information, be sure to provide all of the person’s previous names. If you need more space, please use the back of this form.)*

***Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used to respond to your request. A fee may be charged for providing the information requested.***

|  |
| --- |
| *Office Use Only*  Request No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Reference:*

* AP180 FOIP Request for Access to Information or Correction of Personal Information