**FOIP Request to Access Information**

*Please see instructions on the next page.*

***Important*** – Please submit your completed form and initial payment, if applicable, either by mail to MacEwan University, Information and Privacy Office, 10700 – 104 Avenue, Edmonton, AB. T5J 4S2 or by email to [privacy@macewan.ca](mailto:privacy@macewan.ca).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requestor Information** | | | | | |
| Last Name: | First Name: | | Organization *(if applicable*): | | |
| Address: | | City/Town: | | Prov.: | Postal Code: |
| Phone Number: | | Email Address (to correspond with the Information and Privacy Office): | | | |
| **Request Information (See reverse side for fees and payment options)** | | | | | |
| This is a request for General Information  This is a request for my Personal Information *(proof of identification is required)*  This is a request for someone else’s personal information *(Proof of authority to access is required)*  Parent of a minor  Authorized Representative *(e.g., Legal Representative)*:  Consent from the individual who’s information is being requested *(or attach applicable proof of representation):*  Print:  Signature: | | | | | |
| **Details of Request**  Please provide specific details about the record(s) you are requesting, if known, the topic/subject matter of the record(s) and the MacEwan University department/office where the records are located. Client File number and/or Student ID number if applicable.    **What is the time period of the record(s) requested?** Please provide start and end dates.  Start date: Click to enter a dateEnd Date: Click to enter a date | | | | | |
| **Request Options**  Eliminate exact duplicate records when possible  Eliminate draft documents  Eliminate email records that are duplicated in the final/longest email string when possible | | | | | |
| How would you like your records sent?  By email  By mail  If you would like the record(s) sent to a different email or mailing address than listed above, please provide address: | | | | | |
| Signature of Requestor: Date Click to enter a date | | | | | |

***Protection of Privacy -*** *The personal information on this form is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP)* *and will be protected under Part 2 of that Act for the purpose described above. For questions about the collection of your personal information, please contact the Information and Privacy Office at 10700 – 104 Avenue, Edmonton, AB. T5J 4S2, (780) 497-5423 or* [*privacy@macewan.ca*](mailto:privacy@macewan.ca)*.*

Instructions to Request to Access Information

Requestor information

* Please provide your full name.
* The name of the company or organization you are representing, if applicable.
* Your contact information for correspondence regarding the request.
* Consent from the individuals whose information is being requested; and
* the source of Representative’s Authority, if applicable.

About your request

If you need help to find out what records MacEwan University has, please contact [privacy@macewan.ca](mailto:privacy@macewan.ca) for clarification.

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

**General information** is information other than personal information and can include information about a third party.

* There is an initial fee of $25.00.
  + - Electronic payment by e-transfer or by credit card is available. Please notify at the time of submission.
    - Cheque or money order can be made payable to “MacEwan University”.
* An estimated cost can be provided before processing begins.
* If the total cost of processing your request is more than $150, you are asked to pay a 50% deposit.
* The records are provided when the fee is paid in full.

**Personal information** is your own personal information or the personal information of an individual you are entitled to represent.

* Proof of your identity is required when requesting your own personal information (e.g., driver’s license).
* If you are requesting records for another person, you must provide proof of authority to act for that person (e.g., a Legal Representative or Guardian), and provide their consent.
* There is no initial fee for accessing your own personal information.

**Continuing request** is a single request that is processed more than once for a predetermined time interval over a period of up to 2 years.

* The initial fee is $50.00.
* You must pay any additional costs as the information becomes available.

# About the information you want to access

## What records do you want to access?

* Be as specific as possible in describing the records.
* If you need more space, include your description in the email description or as an additional page to your paper submission.

## If requesting your own personal information, provide:

* your full name or any other names that you have previously used; and
* any reference number(s) related to the records, such as your student number, case number, or other identification number.

## If requesting another person’s information, provide:

* the person’s full name or any other name that person may have used on the records; and
* any identifying numbers for the person, if you know them.

## What is the time period of the records?

Please provide the specific dates or date ranges of the records you want to access (e.g., records from January 1, 2005 to August 31, 2007).

# Your signature

Please electronically or physically sign and date the completed form.

## Where to send your request

Please submit your completed form and initial payment, if applicable, to:

privacy@macewan.ca

or by mail to

MacEwan University

Information and Privacy Office,

10700 - 104 Avenue, Edmonton, AB T5J 4S