



# REQUEST FOR ACCESS TO BCIT RECORDS

**BCIT Records Management and Privacy Office Library**

3700 Willingdon Avenue  
Burnaby, BC V5G 3H2

T: 604.432.8508 • E BCIT\_Records\_Management\_FOI\_Office@bcit.ca

BCIT Request No.

For instructions on how to create an electronic signature, please visit [bcit.ca/imaging](http://bcit.ca/imaging).

**INSTRUCTIONS:** This form or a signed letter must be submitted to the BCIT Records Management and Privacy Office to request BCIT records under the Freedom of Information and Protection of Privacy Act.

Personal contact information will be used only for the purpose of communicating with you and responding to your request.

## CONTACT INFORMATION

Last Name		First Name	
Address			
City	Province	Postal Code	
Phone	Alternate Phone	Fax (daytime) or Email	

## DETAILS OF REQUESTED INFORMATION

Please describe the records you are requesting. Be as specific as possible with the date and subject, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's personal information <input type="radio"/> Yes <input type="radio"/> 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
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Access to Records Method <input type="radio"/> Examine originals <input type="radio"/> Receive a copy	Signature	Date
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**Print, sign and submit the form to the above address.**

## FOR BCIT RECORDS MANAGEMENT OFFICE USE

Request Category <input type="radio"/> Access to general information <input type="radio"/> Access to public information	Date Received	Due Date of Request	Extension Date	Date Completed
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