

Personal information contained on 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. If you have any question about the collection, use or disclosure of this information, please call Information Access Operations at 250 387-1321.

You may make a request for access to records without using this form, provided you do so in writing. Including the information requested on this form will enable us to respond to your request more quickly.

Select **only** the specific Ministry or Agency that you believe has custody or control of the record(s) you are requesting.

MINISTRIES:
**Advanced Education,
Skills and Training**
**Environment and
Climate Change Strategy**
**Mental Health and
Addictions**
Agriculture
Finance
Municipal Affairs and Housing
Attorney General
**Forests, Lands, Natural
Resource Operations and
Rural Development**
**Public Safety and Solicitor
General**
**Children and Family
Development**
Health
**Social Development and
Poverty Reduction**
Citizens' Services
**Indigenous Relations and
Reconciliation**
Tourism, Arts and Culture
Education
Jobs, Trade and Technology
**Transportation and
Infrastructure**
**Energy, Mines and
Petroleum Resources**
Labour
AGENCIES:
BC Public Service Agency
**Government Communications and
Public Engagement**
Office of the Premier
Environmental Assessment Office

***Requests for records belonging to public bodies not listed above should be sent directly to those public bodies.**

YOUR CONTACT INFORMATION:

MISS	MS	MRS	LAST NAME	FIRST NAME
MR	OTHER			
MIDDLE NAME			Any other name(s) you are also known as:	
ADDRESS (Street, Apartment No, P.O. Box)				
CITY/TOWN			PROVINCE	POSTAL CODE
DAY PHONE NUMBER			ALTERNATE PHONE NUMBER	

INFORMATION REQUESTED

Describe the records you are requesting. Be as specific as possible. Attach a separate sheet if you need more space.

TIME FRAME for RECORDS

FROM (YYYY/MM/DD)

TO (YYYY/MM/DD)

A request for access to records must provide sufficient detail to enable identification of the records sought. In order to identify the personal records being sought, it is often necessary to match unique identifiers provided by an applicant with information in their file(s). Please provide:

Are you requesting personal information regarding (Check all that apply):

YOURSELF?	DATE OF BIRTH (YYYY/MM/DD)	CORRECTIONAL SERVICE NUMBER (IF APPLICABLE)
	OTHER UNIQUE IDENTIFIER (IF APPLICABLE)	EMPLOYEE ID NUMBER (IF APPLICABLE)
A CHILD?*	DATE OF BIRTH (YYYY/MM/DD)	CHILD'S FULL LEGAL NAME
	<p>*Who is <u>under</u> 12 years of age in your legal care OR Who is over 12 years of age in your legal care and determined to be unable to give their own consent</p> <p style="text-align: center;">Provide proof of custody such as a court order</p>	
ANOTHER PERSON? (Or child 12 years of age or older)	OTHER PERSON'S FULL NAME	DATE OF BIRTH (YYYY/MM/DD)
	Attach the other person's signed Consent for Disclosure or your Proof of Authority to act on that person's behalf.	

Once completed, submit to Information Access Operations

Mailing Address:

Freedom of Information Request
PO Box 9569 Stn Prov Govt
Victoria BC, V8W 9K1

Fax Number: (250) 387-9843
Phone Number: (250) 387-1321
Email: FOI.Requests@gov.bc.ca