

College of Pharmacists
of British Columbia



Request for Access to Records

You may make a request for access to records without using this form, provided you do so in writing via email to: FOI@bcpharmacists and provide the same information requested below. Personal information contained on this form is collected under section 26(a) of the *Freedom of Information and Protection of Privacy Act* (FIPPA) and will be used only for the purpose of responding to your request.

There are no fees charged for requests for your own personal information. For general requests, there may be additional processing fees as per section 75 of FIPPA.

CONTACT INFORMATION (all fields required)			
Last Name		First Name	Business/Organization Name (if applicable)
Street, Apt.#, PO Box, RR No.		City/Town	Postal Code
Phone	Email Address		
DETAILS OF REQUESTED INFORMATION			
Please be as specific and detailed as possible as this will assist the request process (include date range, file #s, etc.). Attach a separate sheet, if the space below is not sufficient. Request Category: <input type="checkbox"/> Access to General Information <u>or</u> <input type="checkbox"/> Access to Personal Information			
Are you requesting access to another person'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			
Please advise how you would like to receive the records you are requesting. Note that we are unable to courier to a PO box address and a signature will be required upon delivery. <input type="checkbox"/> Electronic records by email <input type="checkbox"/> Paper records by mail (photocopying fees may be applicable)			
Your signature		Date signed: YYYY/MM/DD	
FOR COLLEGE USE ONLY			
Request No.			
FOI Officer Signature		Date received: YYYY/MM/DD	