



REQUEST FOR PERSONAL INFORMATION BY  
RESEARCH BODY OR RESEARCHER FOR RESEARCH  
OR STATISTICAL PURPOSES

Name
Address
Affiliation
Nature of research

**RESEARCHERS:**

I request access under the terms of paragraph 8(2)(j) of the *Privacy Act* to the following departmental records under the control of Indian and Northern Affairs Canada (INAC).

**NOTE:** You must include with this request a written description of the research or statistical purpose for which the personal information is requested, and an explanation why the research or statistical purpose cannot reasonably be accomplished without the disclosure of the requested personal information.

**Researcher's undertaking:**

As a condition of access to personal information under the provisions of paragraph 8(2)(j) of the *Privacy Act*, I

*Name*

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of \_\_\_\_\_  

*Address*

hereby affirm that the research or statistical purpose for which I request these records cannot reasonably be accomplished unless I am provided with the personal information contained therein.

I hereby undertake to keep confidential the personal information disclosed to me and not to disclose the personal information in a form that could reasonably be expected to identify the individual to whom it relates to any other person or any third party, and not to use the personal information for any purpose except the research or statistical purpose set out above.

I acknowledge that no further personal information will be provided to me if I violate this undertaking.

**PLEASE NOTE:** The records you are requesting contain personal information, as defined in section 3 of the *Privacy Act*. Paragraph 8(2)(j) of the Act permits the disclosure of personal information to researchers for research or statistical purposes. Since the Act requires that the privacy of individuals be protected, only the personal information necessary to accomplish the purpose may be disclosed to you. Thus, it is very important that your request be specific about the information being requested and the time frame involved.

Researcher's signature	Date	Approved by: ATIP Coordinator	Date

\*This approval applies only to the researcher who signed above. A separate approval is required for each individual involved in this research project who wishes to have access to the personal information.