

## Ministry of Children and Family Development

## REQUEST FOR ACCESS TO INFORMATION

Child, Family and Community Service or Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act) and/or the *Freedom of Information and Protection of Privacy Act* (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the FOIPP Act. Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch, (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, B.C. V8W 9S1.

LOCATION OF THE MINISTRY FOR CHILDREN AND FAMILIES OFFICE TO WHICH YOU ARE MAKING YOUR REQUEST					
YOUR NAME					
STREET, APARTMENT NUMBER, P.O. BOX			CITY/TOWN		
PROVINCE/COUNTRY		POSTAL CODE	AREA CODE & DAY	PHONE #	AREA CODE & ALTERNATE PHONE #
DETAILS OF REQUESTED INFORMATION As specifically as possible, please describe the information you are requesting. This will assist the request process.					
I AM REQUESTING ACCESS TO INFORMATION ABOUT (YOU MAY CHECK MORE THAN ONE BOX)					
M	MYSELF - IF SO, PLEASE PROVIDE BIRTHDATE: YYYY/MM/DD				
A CHILD UNDER 12 YEARS OF AGE IN MY LEGAL CARE					
O.	THER, PLEASE SPE	ECIFY:			
IF YOU ARE NOT REQUESTING ACCESS TO INFORMATION ABOUT YOURSELF, PLEASE ATTACH THE OTHER PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF, AS APPROPRIATE.					
YOUR SIGNATURE				DATE SIGNED (	YYYY/MM/DD)