

**PLEASE MAIL TO THE:**

Freedom of Information and Protection of Privacy Office  
 Legal Services Division  
 WorkSafeBC  
 PO Box 2310 Stn Terminal  
 Vancouver BC V6B 3W5

**GENERAL INFORMATION:**

- You may make a request for access to records without using this form, provided you do so in writing.
- Personal information contained on this Request for Access to Records 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.

**Your name** (please print clearly)

Last name	First name	Middle name	Optional Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other <input type="checkbox"/>
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**Your organization name** (if applicable)

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**Your mailing address**

Street, apartment number, PO Box, RR number	City/town
Province/country	Postal code

**Your telephone/fax number(s)**

Day telephone number (     )	Alternate telephone number (     )	Fax number (     )
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**Details of requested information**

<p>Information requested. (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process.) Please attach a separate sheet if the space below is not sufficient.</p>	<p><b>NOTE:</b> <b>PLEASE SPECIFY ANY REFERENCE, CLAIM, OR FILE NUMBER(S)</b></p>
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Are you requesting access to another person's personal information?      Yes       No   
 If yes, please attach as appropriate:    **a)** That person's signed consent for disclosure, or    **b)** Proof of authority to act on that person's behalf

Preferred method of access to records Examine record <input type="checkbox"/> or    Receive copy <input type="checkbox"/>	<b>Your signature</b>	<b>Date signed</b>  <i>yyyy-mm-dd</i>
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