



Halifax

Regional Centre for Education

FORM 1
APPLICATION FOR ACCESS TO A RECORD
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Subsection 6(1)

TO: **Information Access and Privacy (IAP) Administrator**
Halifax Regional Centre for Education
33 Spectacle Lake Drive, Dartmouth, NS B3B 1X7
Email: iap@hrce.ca

1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:

Check one

- (a) applicant's own personal information; or
- (b) other information; or
- (c) both applicant's own personal information and other.

If this request is for student records:

Student's Name _____

Date of Birth _____

Last school attended if known _____

What is your relationship to the student?

parent / guardian

other (describe below)

(If you are requesting student records and are not the student or the student's parent / guardian, you must have signed consent of the student or parent/guardian in order to access the records.)

2. I am applying for access to the following record:

(Below, identify the material applied for precisely by including such particulars as the specific event or action to which it refers, the date of the record or the date or period to which it relates, the type of record [document, report, letter et cetera], names of department personnel who prepared or may have knowledge of the information, or citations to newspapers or publications which are known to have referred to the record.)



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3. I wish to:

Check one

_____ (a) examine the record; or

_____ (b) receive a copy of the record.



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4. I understand that I may be required to pay a fee before obtaining access to the record.

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

(Street/Apartment No./R.R. No.)

(Community/Country)

(Postal Code)

Telephone Numbers of Applicant: _____

(Residence)

(Business)

Fax Number of Applicant: _____

Email address of applicant: _____

REQUEST TO WAIVE FEES

I hereby request to be excused from paying fees related to the above application because:

(a) I cannot afford to pay fees; or

(b) (specify any other reason) _____



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For Office Use Only

Date Received _____ Application No. _____