

APPLICATION FOR ACCESS TO A RECORD CAPE BRETON UNIVERSITY FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT SUBSECTION 6(1)

TO: Deanna Petrie
Privacy Officer - Cape Breton University
P.O. Box 5300, 1250 Grand Lake Road
Sydney, NS B1P 6L2

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

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.

3. I wish to (check one):

- (a) examine the record; or
- (b) receive a copy of the record

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

Date: _____

Signature of Applicant: _____

Full Name of Applicant: _____

Mailing Address of Applicant: _____

Telephone: _____

Fax: _____

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) _____

For office use only

Date Received: _____ Application Number: _____