

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY  
Application for Access to Information Form**

<b>Your Information</b>		
Last Name:	First Name:	
Mailing address:		Student Number (if applicable):
Email:	Phone:	Fax:
<b>Details of Requested Information</b>		
Include time frame for the search for records and if possible identify where (which departments) the records you are seeking may be located.		
Are you requesting access to another person's personal information?    Yes:    No:		
If yes, please attach that person's signed consent for disclosure or provide proof of authority to act on that person's behalf.		
Signature:	Date:	
You may make a request for access to information without using this form, provided your request is in writing. Please submit your request to <a href="mailto:privacy@tru.ca">privacy@tru.ca</a> , or by post: Privacy Office, 805 TRU Way, Kamloops, BC, V2C 0C8.		
Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the Act). The personal Information collected on this form will be used for responding to your application. Any questions can be directed to the Privacy Office.		