



District School Board of Niagara  
 Education Centre, 191 Carlton Street  
 St. Catharines, ON L2R 7P4  
 Attention: Legal Services  
 Or email: [FOIRequests@dsbn.org](mailto:FOIRequests@dsbn.org)

**Access Request Form**  
*Under the Municipal Freedom of Information  
 and Protection of Privacy Act (MFIPPA)*

**Please Note: \$5 application fee is required for all requests** - payable by school cash online or cash (in person only)  
 The application fee is per student (i.e. 2 students = \$10 or 3 students = \$15)

**Request for:**

- Access to general records (i.e. requests for general information not related to you)
- Access to own personal information records (i.e. request for information about you or your minor child(ren))
- Access to other's personal information by authorized party (accompanied with written consent)
- Correction to own personal information

If request is for **access to**, or **correction of**, your own personal information records:

**Name appearing on records:**  same as below, or: \_\_\_\_\_

**Date of Birth (of subject of records request):** \_\_\_\_\_

**Name of last/current school attended (by subject of records request):** \_\_\_\_\_

***(Attach additional sheets if requesting records for more than one subject – additional fees will apply – see above)***

When requesting access to own personal records, you must include a copy of your government issued photo identification (i.e. driver's licence or passport) upon submission of this access request form.

**ID required**

**Requester's Last Name:**

**Requester's First Name:**

**Unit/Apt. Number (if any):**

**Street Number:**

**Street name:**

**P.O. Box:**

**City/Town:**

**Province:**

**Postal Code:**

**Daytime Phone Number:**

**Email Address:**

**Detailed description of requested records, personal information, or personal information to be corrected.** (If you are requesting access to or correction of your own personal information, please identify the record containing the personal information, if known. If requesting correction, indicate the desired correction & attach any supporting documents.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preferred Method of Access to Records:**

- Receive a copy
- Examine original (on site only)

**Signature:**

**Date:**

Personal information on this form is collected, used and disclosed in accordance with the *Education Act*, R.S.O. 1990, c.E.2, as amended and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M. 56, as amended and will be used for the purpose of responding to your request and any similar or related purpose(s). Questions about this collection, use and disclosure should be directed to the Freedom of Information Coordinator, District School of Niagara, 191 Carlton Street, St. Catharines, ON L2R 7P4 905-641-1550.

**For institution use only:**

**Date and Time Received:**

**Access Request No.:**

**Comments:**