Application for Access to a Record

Province of Nova Scotia

Adapted from the *Freedom of Information and Protection of Privacy Act* Subsection 6(1)

To: Information Access and Privacy (IAP) Services Strait Regional Centre for Education 304 Pitt Street, Unit 2 Port Hawkesbury, NS B9A 2T9

1.	This is an application pursu access to: Check one (a) applicant's own pers (b) other information; o (c) both applicant's own	sonal information; or		tion of Privacy Act for	
2.	I am applying for access to by including particulars such the date or period to which it department personnel who prenewspapers or publications we required.)	as the specific event or a relates, the type of recon epared or may have knov	ction to which it refers, th l (document, report, letter vledge of the information,	e date of the record or et cetera), names of or citations to	
3.	I wish to: <i>Check one</i>				
	examine the record; or receive a copy of the re-	cord			
	I understand that a cheque is ation should accompany the application access to the record. The	pplication and that I mare is no fee when requ	ay be required to pay an sesting your own person	additional fee before onal information.	
Full N	Name of Applicant (Print):				
11200111		(Street/Apartment No./R.	R. No.)		
	(Community/County) (Po		(Posta	l Code)	
Telep	phone Numbers of Applicant:				
		(Residence)	(Business)	(Fax)	
Requ	est to Waive Fees				
I here	eby request to be excused from (a) I cannot afford to pa (b) (specify any other re	y fees; or	••	because:	
For o	office Use Only				
Date	Received:	eceived: Application No			