



DALHOUSIE UNIVERSITY

**Application for Access to a Record
Freedom of Information and Protection of Privacy Act (FOIPOP)
Subsection 6(1)**

**TO:
FOIPOP Coordinator
Dalhousie University
Room 225, Henry Hicks Academic Administration Building
PO Box 15000
Halifax, Nova Scotia B3H 4R2**

The following form may be used to make an application to Dalhousie University under the *Freedom of Information and Protection of Privacy (FOIPOP) Act*. When completing the form, please provide as much information as possible regarding the records you are seeking in order that we may determine whether the records exist and where they are located.

If you require any assistance in completing this form or have any questions concerning FOIPOP, please contact Dalhousie University. Once the form is completed and signed by you, please send or deliver it along with your \$5.00 application fee (cash or cheque made payable to "Dalhousie University", unless you are seeking personal information about yourself in which case the fee is not payable) to:

FOIPOP Coordinator
Dalhousie University
Room 225, Henry Hicks Academic Administration Building
PO Box 15000
Halifax, Nova Scotia
B3H 4R2

Phone: (902) 494-2184
Email: FOIPOP@dal.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 **(no fee required)**; or
- (b) other information **(\$5.00 fee required)**; or
- (c) both applicant's own personal information **and** other information **(\$5.00 fee required)**

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, etc.), 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. Use additional pages as appropriate to assist in identifying 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: _____
(Type name for Digital Signature)

Full Name of Applicant (Print): _____

Mailing Address of Applicant: _____
(Street / Apartment No / RR #)

(City / Community) (Province) (Postal Code)

Contact Numbers for Applicant: _____ / _____
(Residence / Business)

If you would like us to communicate with you by email, please provide your email address below:

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Request to Waive Additional Fees

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

- (a) I cannot afford to pay fees; or
- (b) (specify any other reason)

For office Use Only:

FOIPOP # _____

Date Application Received _____

Application Fee Received Y__ N__ **Not Required** ____ **Not Sent** ____

Date Application Fee Received if required: _____

Clarification Required? Y__ N__

Client Notified Y__ N__ **Date Notified** _____