

Application for Access to a Record
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 6(1)

To: Information Access and Privacy (IAP) Services
University of King's College
6350 Coburg Road
Halifax, NS B3H 2A1
UKCFOIPOP@ukings.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; or
 (b) other information; or
 (c) both applicant's own personal information and other information.

2. I am applying for access to the following record: *(Below, precisely identify the material applied for by including particulars such 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. Attach additional pages if required.)*
- _____
- _____
- _____

3. I wish to: *Check one*
- examine the record; or
 receive a copy of the record

4. I understand that a cheque in the amount of \$5 made payable to the University of King's College should accompany the application and that I may be required to pay an additional fee before obtaining access to the record.

Date: _____ Signature of Applicant: _____

Full Name of Applicant (*Print*): _____

Mailing Address of Applicant: _____
(Street/Apartment No./R.R. No.)

_____ *(Community/County)*

_____ *(Postal Code)*

Contact Information of Applicant: _____
(Phone) (Email) (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 - attach additional pages if required)*
- _____
- _____

For office Use Only

Date Received: _____ Application No. _____