



Freedom of Information and Protection of Privacy (FOIPOP) Act Subsection 6(1)

Application for Access to a Record

Email: privacy@smu.ca

Claire Milton
Privacy Officer
Freedom of Information and Protection of Privacy
923 Robie Street
Saint Mary's University
Halifax, Nova Scotia B3H 3C3

This is an application pursuant to the Freedom of Information and Protection of Privacy Act of Nova Scotia for access to (check one):

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 fee required); or
(c) both applicant's own personal information and other information (\$5 fee required)

2. I am applying for access to the following record:

(Below, please identify the material applied for by precisely 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 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.)

Blank lines for providing details of the record.

3. I wish to (check one):

- (a) examine the record; or
(b) receive a copy of the record.



Freedom of Information and Protection of Privacy (FOIPOP) Act Subsection 6(1)

4. My application fee of \$5.00 is enclosed as a cheque or money order, payable to Saint Mary's University. I understand that I may be required to pay further charges before obtaining access to the record(s).

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

Street/Apartment No. /R.R. No: _____

Community/County: _____ Province: _____ Postal Code: _____

Telephone (Residence): _____ Business: _____ EXT: _____

FAX: _____

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

6. 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

Client Notified Y N

Date Notified _____