



REQUEST TO ACCESS INFORMATION AND AUTHORIZATION FORM

SECTION 1: REQUEST FOR RELEASE OF INFORMATION

This Section to be completed by requestor and returned by email recordrequest@itabc.ca or fax: 778-785-2401

1.1 Do you have a current Information Sharing Agreement (ISA) in place with ITA?

No. (If no, please contact ITA for information regarding entering into an ISA.)

Yes. The current ISA expires on _____

Date (MMM.DD.YYYY)

1.2 Information Requested from ITA (**Describe the information being sought and provide any relevant details necessary to help ITA find it. Be as specific as possible.**):

1.3 Purpose (**Why do you need the information? What will you do with the information?**):

1.4 Which of the following statements applies to this request?

The information is required to fulfill service contract obligations to ITA (Specify type below.)

ITO Enterprise Partnership Agreement

Training Provider Letter of Agreement or Training Provider Agreement

Other (Please specify.) _____

The requestor is a governing body of a profession or occupation or has legislated responsibility for licensing, registration, insurance, investigation or discipline of the profession or occupation of individuals whose information is requested and requires the information to fulfill its responsibilities.

The information is requested for research purposes. (**Attach description of research proposal.**)

The information is requested for another purpose. (Please specify.)

Name of Authorized Signatory for Requestor

Date: (MMM.DD.YYYY)

Street, address, apartment City or town Province Postal Code Telephone

Signature of Authorized Signatory for Requestor

This request for access to information is made under the Freedom of Information and Protection of Privacy Act. The personal information provided on this form is protected under the provisions of the Freedom of Information and Protection of Privacy Act



SECTION 2: AUTHORIZATION TO RELEASE INFORMATION

This section to be completed by ITA

Request # _____

2.1 Criteria for Release of Personal Information to an External Party met for this request:

- The use of the information being requested is reasonably and directly connected to the purpose for which the information was initially collected by ITA.
- The release of the personal information is necessary for performing the statutory duties of ITA, for operating a legally authorized program of ITA, or for another regulatory or governing body to fulfill its legal responsibilities.
- The requestor has a current, signed Information Sharing Agreement (ISA) with ITA, which covers the terms of use of the personal information being requested.
- Release of this information is authorized under Part 3 Division 2 of the *Freedom of Information and Protection of Privacy Act*.

2.2 Limitations on Use of the Information:

The approved use of the personal information is restricted to the following Purpose and Time Frame:

Purpose: _____

Approved Time Frame: From _____ To _____
(MMM.DD.YYYY) (MMM.DD.YYYY)

Upon expiry of the approval time frame the information must be:

- destroyed in a secure manner
- returned to ITA
- other, as follows:

Based on the above criteria having been met to my satisfaction, and in accordance with the limitations prescribed above, I authorize the release of the specified personal information to the requestor in accordance to the terms of the ISA.

Privacy Officer
Industry Training Authority

Date: (MMM.DD.YYYY)

ISA Expiry Date:
Information Release Date:
Notes:

This request for access to information is made under the Freedom of Information and Protection of Privacy Act. The personal information provided on this form is protected under the provisions of the Freedom of Information and Protection of Privacy Act