



Access Request Form

PERSONAL INFORMATION	Last Name:		First Name:		
	Address:				
	City:		Province:	Postal Code:	
	Daytime Number:		Evening Number:		
	Fax Number:		Email Address:		

YOUR REQUEST	What kind of information are you requesting to access?		
	<input type="checkbox"/> General	<input type="checkbox"/> Personal	<input type="checkbox"/> Request a correction to personal information
	About the information: Please provide as much detail as possible about the information that you are requesting to access:		
What is the time period of the records? Please provide specific dates:			

FEES	The following fees will apply:	
	A charge of \$0.30 cents per page for each copied document in excess of 30 pages.	
	Number of pages: _____	Fee enclosed: \$_____.____
Preferred Method of Access: <input type="checkbox"/> Examine original <input type="checkbox"/> Receive a copy		

PLEASE NOTE	Information will be provided as per BCNU Policies: 2.1.14 Privacy – BCNU Member Information, and 5.2.20 Privacy – BCNU Employee Information.
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YOUR SIGNATURE	Signature:	Date:

Return completed form to:

BC Nurses' Union
4060 Regent Street, Burnaby, BC V5C 6P5
Attention: Privacy Officer

FOR OFFICE USE ONLY	Date Received:	Comments: