FORM 1
APPLICATION FOR ACCESS TO A RECORD
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Subsection 6(1)

TO: **Selena Henderson, Corporate Secretary / In-House Legal Counsel**
        Halifax Regional Centre for Education
        33 Spectacle Lake Drive, Dartmouth, NS B3B 1X7

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.

If this request is for student records, what is the date of birth of the student _____.

        What is your relationship to the student?

        ____parent / guardian

        ____ other (describe below)

_____

_____

_____

_____

        (If you are requesting student records and are not the student or the student's parent / guardian, you must have

        signed consent of the student or parent/guardian in order to access the records.)

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 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.)

_____

_____

_____

_____

_____

_____

_____

3.   I wish to:

Check one

_____ (a) examine the record; or

_____ (b) receive a copy of the record.

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4.   I understand that I may be required to pay a fee before obtaining access to the record.

Date:_____

Signature of Applicant: _____

Print Full Name of Applicant: _____

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

                                    _____
                                                    (Community/Country)

                                    _____
                                                    (Postal Code)

Telephone Numbers of Applicant: _____ _____
                                                    (Residence)   (Business)

Fax Number of Applicant: _____

Email address of applicant: _____

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) _____

_____

_____

_____