



# PERSONAL INFORMATION RECORD REQUEST

Industry Training Authority  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Fax: 778-328-8701  
recordrequest@itabc.ca

REQUEST # \_\_\_\_\_

(To be filled out by ITA only)

Complete the form and email it to [recordrequest@itabc.ca](mailto:recordrequest@itabc.ca), or mail or fax it to Industry Training Authority (ITA). Please ensure you sign the form prior to submitting it.

## 1 CONTACT INFORMATION

First Name\*

Middle Name (s)

Last Name\*

Address\*

City\*

Province\*

Postal Code\*

Phone Number\*

Secondary Phone Number

Email Address\*

## 2 PERSONAL INFORMATION REQUEST DETAILS

Please indicate for whom you are making the personal information request:

Myself  Another person - please provide the individual's signed consent or proof of authority to act on the individual's behalf.

Please note that ITA may contact the individual, whose personal information you are requesting, to verify the authorization.

### Description of personal information request

Please provide a detailed and specific description of the personal information you are requesting (e.g., type of information, date(s), etc.).

---

---

---

---

---

---

---

---

Record Request Start Date (MM/DD/YYYY)

Record Request End Date (MM/DD/YYYY)

Please select a delivery method for your request.

Mail  Email

## 3 SIGNATURE

Personal information contained in this form is collected under B.C.'s *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request. If you have any questions about the collection, use or disclosure of this information, please email [recordrequest@itabc.ca](mailto:recordrequest@itabc.ca).

Signature\*

Printed Full Name\*

Date: (MM/DD/YYYY)\*