



**ACCESS TO PERSONAL INFORMATION
REQUEST FORM**

| Confidential |

APPLICANT

BCAA Membership # (if applicable): **620 273** _ _ _ _ _

Surname: _____ First Name: _____ Middle Name: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Day) _ _ _ - _ _ _ - _ _ _ _ _ (Evening) _ _ _ - _ _ _ - _ _ _ _ _

FAX: _ _ _ - _ _ _ - _ _ _ _ _ Email Address _____

Agent Name: _____ Agent Address _____

Preferred method to contact to clarify information: _ Phone (Day) _ Phone (Evening) _ Email _ Mail

REQUESTED INFORMATION

Please list dates, events, file number(s), previous name(s), membership #(s), address(es) and any other details that will help BCAA locate the records. If you need more space, please attach a separate sheet of paper.

Applicant Signature: _____ Date: _ _ _ _ - _ _ - _ _
Year Month Day

Please send completed form to:
 Chief Privacy Officer
 BCAA
 4567 Canada Way
 Burnaby BC V5G 4T1

Or Fax to:
 Chief Privacy Officer
 BCAA
 604-268-5585

Personal information contained on this form is collected under the Personal Information Protection Act and will be used only for the purpose of responding to your request. For further information, contact the Chief Privacy Officer at (604) 268-5000

Received by: _____ Date Received: _ _ _ _ - _ _ - _ _
Year Month Day

BCAA PRIVACY OFFICE USE ONLY	
REQUEST NUMBER: _ _ - _ _ _ _	Request Due Date: _ _ _ _ - _ _ - _ _ <small>Year Month Day</small>