

# Access to Information Request Form

Evangelical Mennonite Conference | 440 Main St, Steinbach, MB R5G 1Z5

Full Name:

Mailing Address:

Date of Request:

Description of Records Being Requested

Requested Release Format

Paper Copies

Email Copies

Review In Person

By completing this application, I request that the listed information retained by EMC about me be provided to me for my review. I understand that EMC will require at least two weeks to gather all information.

I further understand that there is a \$10 fee to process this request, that additional fees may apply for photocopies or further processing, and that payment is required before my information will be released

I further understand that I may request corrections or deletion of information, and that these requests must be processed by the EMC Privacy Officer.

Requester Signature: \_\_\_\_\_

Please print document to sign. Form may be scanned and submitted to [info@emconference.ca](mailto:info@emconference.ca) along with a photo ID, mailed to the EMC office with a copy of photo ID, or brought in person to the EMC office at the address above. Copies of photo ID will be destroyed once verified.

## Office Use Only:

Request Verified By: \_\_\_\_\_

ID Provided: \_\_\_\_\_

ID Verified: \_\_\_\_\_

Information Gathered By: \_\_\_\_\_

Date Validated by Privacy Officer: \_\_\_\_\_

Date Information Provided to Requester: \_\_\_\_\_

Format Information Released In: \_\_\_\_\_

Documents Provided: