



**Belonging Network**  
**PERSONAL INFORMATION ACCESS FORM**

**This form must be completed in full and mailed to:**

**Privacy Officer**

Belonging Network  
408-602 West Hastings Street, Vancouver BC V6B 1P2

DATE (dd/mm/yy):

**APPLICANT PERSONAL INFORMATION**

Last name:	First name:
Address:	
Phone:	e-mail:

**DETAILS OF ACCESS REQUEST**

Please describe the records under our custody and control you would like to have access to. Be as specific as possible, as this will assist the request process. Specify any reference or file number, if known. Attach a separate page if needed.

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Preferred Method of Access to records    Examine originals    Receive copies

Are you requesting access to another person's personal information?    Yes    No

If yes, please attach either

- a) that person's signed consent for disclosure, or
- b) a proof of authority to act on that person's behalf

**APPLICANT SIGNATURE**

FOR <b>Belonging Network</b> USE ONLY	
Request No.	Date received (dd/mm/yyyy)

**Privacy Statement:** The personal information you provide in this form is collected in compliance with Belonging Network Privacy Policy. Belonging Network will use it exclusively to correct your personal information. If you have any questions, please contact our Privacy Officer at 604-320-7330 or [privacyofficer@belongingnetwork.com](mailto:privacyofficer@belongingnetwork.com)