



TRAINING PROVIDER RECORD REQUEST

ITA Customer Service
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Richmond, BC V6Y 3T6
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customerservice@itabc.ca

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.

Training Provider Contact Signature*

Training Provider Contact Printed Full Name*

Date: (MM/DD/YYYY)*

INFORMATION REQUEST ASSESSMENT (TO BE COMPLETED BY ITA)

Information Request Assessment

- 1) List the provisions under the *Freedom of Information and Protection of Privacy Act* that enable the collection, use and disclosure of personal information.

Section	Section Summary

- 2) Restrictions on use of information. Specify what information can be disclosed and, if applicable, the region.

- 3) Specify the time frame the applicant can receive and retain the information:

From: (MM/DD/YYYY)

To: (MM/DD/YYYY)

- 4) Indicate how the personal information is to be managed after the above time frame:

Destroyed in a secure manner Returned to ITA Other, as follows: _____

AUTHORIZATION

ITA Privacy Officer Signature

ITA Privacy Officer Full Name

Date: (MM/DD/YYYY)*