Workers' Compensation Board – Alberta

Request to Access Information
Access to Information Act

NOTE: IF YOU ARE REQUESTING A COPY OF A CLAIM FILE, DO NOT USE THIS FORM. Contact WCB's Claims Records Services (CRS) team to submit your request at crs@wcb.ab.ca.

Please forward the completed form, initial fee (if applicable), and any other required documents either by mail to the Workers' Compensation Board–Alberta, Attention: Access to Information and Protection of Privacy (ATIPP) Office, P.O. Box 2415, Edmonton, AB. T5J 2S5, by fax to 780-498-4823, or by email to atipp@wcb.ab.ca. For questions on how to complete this form or about submitting a request, contact us at 780-498-3876 or by email at atipp@wcb.ab.ca.

Requestor Information

First Name _____ Middle Name or Initial _____ Last Name _____

Company or Organization (*if applicable*) _____

Mailing Address _____ City/Town _____ Province _____ Postal Code _____

Phone Number _____ Cell Phone _____ Email Address _____

Request Information

Type of Request

☐ **This is a request for my personal information**. No initial fee required.

☐ **This is a request for someone else's personal information**. No initial fee required. Proof of your authority to act on behalf of another individual who is the subject of the personal information or a valid written consent from the individual who is the subject of the personal information must be attached.

☐ **This is a request for general information**. A $25 initial fee is required. WCB accepts cheque or money order made payable to "Workers' Compensation Board–Alberta", or online payment (instructions will be provided upon receipt of request). Processing of your request will not commence until the initial fee is received.

Details of Request

What records do you want to access? Please be as specific as possible so that we can accurately identify and locate the requested records. For example, if your request is for personal information, provide your full name or the name of the individual to whom the record(s) relates, date of birth, and/or any identifying number that relates to the record(s) (e.g., an employee or claim file number). You may also wish to specify the name(s) of the person/department/office that you believe may hold the records you are requesting.

What is the time period of the record(s) requested? If known, please provide specific start and end dates.

_____ to _____

Request Options

Mark the types of records below you would like to remove from your request by checking the box before each description. Skip this section if you do not wish to identify records to be removed.

☐ Exact duplicate records where possible ☐ Draft documents ☐ Records submitted by you

☐ Email records which are duplicated in the final/longest email string when possible

Do you want to: ☐ Receive a copy of record(s) or ☐ View/examine the record(s)

How would you like to receive the record(s)?

☐ By Mail ☐ Electronically ☐ Pick up in person

Your Signature

Signature _____ Date _____

Personal information on this form is collected under section 4(c) of the Protection of Privacy Act and will be used for the purposes of responding to your request. If you have questions about WCB's collection and use of your personal information, contact us by mail at P.O. Box 2415, Edmonton, AB. T5J 2S5, by fax at 780-498-4823 or by email at atipp@wcb.ab.ca.