

Please submit your completed form, initial fee (if applicable) and any other required documents either by mail to the Workers' Compensation Board ☐ Alberta, Attention: FOIP Coordinator, P.O. Box 2415, Edmonton, AB T5J 2S5 or by fax to 780-498-4823 or by email to privacy@wcb.ab.ca. For questions on how to complete this form, contact the FOIP Office at 780-498-3876 or email privacy@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			
<input type="checkbox"/> This is a request for my personal information. No initial fee required.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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, any other names previously used (if applicable), date of birth and 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.			

Request options			
Mark the choices you would like applied to your request. Skip this section if you do not wish to identify preferences at this time. Eliminating any of these records will minimize potential fees.			
<input type="checkbox"/> Eliminate exact duplicate records where possible			
<input type="checkbox"/> Eliminate draft documents			
<input type="checkbox"/> Eliminate email records which are duplicated in the final/longest email string when possible			
<input type="checkbox"/> Eliminate records submitted by you			
Do you want to: <input type="checkbox"/> Receive a copy of record(s) or <input type="checkbox"/> View/examine the record(s)			
How would you like to receive the record(s)?			
<input type="checkbox"/> By mail <input type="checkbox"/> Electronically <input type="checkbox"/> Pick up in person (option may not be available during COVID-19 pandemic)			
Your signature			
Signature _____		Date (yyyy-mm-dd) _____	

Personal information on this form is collected under section 33 of the Freedom of Information and Protection of Privacy Act and will be used to respond to your request. If you have questions about WCB's collection and use of your personal information, contact the WCB FOIP Coordinator either by mail to P.O. Box 2415, Edmonton, AB T5J 2S5 or by fax to 780-498-4823 or by email to privacy@wcb.ab.ca.