

NOTE: IF YOU ARE REQUESTING A COPY OF A CLAIM FILE, DO NOT USE THIS FORM. Contact WCB’s Access to Information (ATI) department to submit your request at ati@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: 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 or about submitting a request, contact the FOIP Office at (780) 498-3876 or by 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, 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 choices you would like eliminated from your request. Skip this section if you do not wish to identify preferences. Eliminating any of these records may reduce potential fees (if applicable).				
<input type="checkbox"/> Exact duplicate records where possible <input type="checkbox"/> Draft documents <input type="checkbox"/> Records submitted by you				
<input type="checkbox"/> Email records which are duplicated in the final/longest email string when possible				
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				
Your Signature				
Signature _____			Date _____	

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.