



PERMISSIBLE DISCLOSURE REQUEST UNDER PARAGRAPH 8(2)(e) OF THE *PRIVACY ACT*

Our file
Your file

Privacy statement

The personal information on this form is required for the purposes of responding to this request. It is collected under the authority of the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/) (<https://laws-lois.justice.gc.ca/eng/acts/P-21/>). This information cannot be disclosed to other persons without your consent except where disclosure would be justified pursuant to one of the paragraphs of subsection 8(2) of the *Privacy Act*. This information collection is described in [Info Source](https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html) (<https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information/information-about-programs-information-holdings.html>). Refer to the Standard Personal Information Bank, Access to *Information Act* and *Privacy Act* Requests, PSU 901. For clarification concerning the Privacy Statement, contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, consult the Privacy Commissioner at 1-800-282-1376.

<p>Step one</p>	<p>Step two</p> <p>Forward your Request Form and supporting documents to the following address: Indigenous Services Canada/Crown-Indigenous Relations and Northern Affairs Canada ATIP Coordinator Les Terrasses de la Chaudière 10 Wellington Street, Room 18B Gatineau, Quebec K1A 0H4</p> <p>Telephone: 819-994-8055 Facsimile: 819-956-3893 Email: upvp-ppu@sac-isc.gc.ca</p>
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Paragraph 8(2)(e) of the *Privacy Act* provides that personal information may be disclosed to an investigative body specified in the regulations, on the written request of the body, for the purpose of enforcing any law of Canada or a province or carrying out a lawful investigation, if the request specifies the purpose and describes the information to be disclosed.

Provide **details** regarding the information being sought, **explain the purposes** for which the information shared and used.

Act (section and subsection)

Name	Title	Badge number	Organization
Mailing address (number/street/apartment/P.O. box)		City/Town	Province/Territory
Postal code	Telephone number	Email address	

I request access to personal information under the *Privacy Act*. By signing this form, I agree to take all the administrative, technical and physical safeguards required to protect the confidentiality of the information, especially in regard to its use and disclosure. I understand that the sharing of the information shall cease if the recipient is discovered to be improperly disclosing or using the shared personal information.

Signature	Date (YYYYMMDD)
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To be completed by Access to Information and Privacy (ATIP) or delegate responsible for ss.8(2) under the <i>Privacy Act</i>			
Is there a formal written agreement between the Department and the requestor? If yes, indicate the GCDOCS number.	<input type="radio"/> Yes	▶ GCDOCS number:	ATIP Coordinator initials here should the disclosure be impermissible:
	<input type="radio"/> No	_____	
Is the requestor a police, security and/or a provincial or foreign government institution? (A "No" answer to the above questions may mean the disclosure is impermissible)	<input type="radio"/> Yes		
	<input type="radio"/> No		
Recommendations:			
Signature - Policy Analyst	Date (YYYYMMDD)	Signature - Privacy Policy Manager	Date (YYYYMMDD)
<p>This section is to be completed when an authorization from ATIP is required for the purposes specified in subsection 8(2) of the <i>Privacy Act</i>.</p> <p>I, _____, in my capacity of Coordinator for the Access to Information and Privacy Division at this Department, hereby authorize the disclosure of the above-noted information as, in my views, paragraph 8(2)(e) of the <i>Privacy Act</i> is applicable.</p>			
Signature - Authorized Official			Date (YYYYMMDD)