

PERMISSIBLE DISCLOSURE REQUEST UNDER PARAGRAPH 8(2)(f) OF THE *PRIVACY ACT* UNDER AN AGREEMENT WITH ANOTHER GOVERNMENT

PROTECTED B	(when completed)
--------------------	------------------

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/). 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 <u>Info Source</u> (https://www.canada.ca/en/treasury-board-secretariat/services/access-information-privacy/access-information-noldings.html). Refer to the Standard Personal Information and Privacy Office at 1-819-997-8277 or by email at <u>upvp-ppu@sac-isc.gc.ca</u>. 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.

Step one (describe the information being sought, the purpose of your request and specify the name of individual and their date of birth)	Step two 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	Telephone: 819-994-8055 Facsimile: 819-956-3893 Email: <u>upvp-ppu@sac-isc.gc.ca</u>		

Paragraph 8(2)(f) of the *Privacy Act* provides that personal information may be disclosed under an agreement or arrangement between the Government of Canada or an institution thereof and the government of a province; the government of a foreign state; an international organization of states or an international organization established by the governments of states; or any institution of any such government or organization, for the purpose of administering or enforcing any law or carrying out a lawful investigation.

This provision accommodates practices whereby personal information is exchanged **between federal police**, **security and investigative bodies and their counterparts**, both domestically and internationally. Such disclosures aid in effective law enforcement and investigative activities and are necessary to the functioning of federal law enforcement agencies.

Disclosures under this provision are to be made in accordance with a formal, written agreement or arrangement.

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

Act (section and subsection)

Name		Title		Bac	lge number	Organization	Organization		
Mailing address (number/street/apartment/P.O. box)			City	/Town	Province/Territo	Province/Territory			
Postal code	al anda Talanhara averbar Ersail address								
Postal code	al code Telephone number Email address			uress					
I request access to personal information under the <i>Privacy Act</i> . 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)		
To be completed by Access to Information and Privacy (ATIP) or delegate responsible for ss.8(2) under the Privacy Act									
Is there a formal written agreement between the Department and the Crest Country of Country of Schools number:							Coordinator initials here ld the disclosure be rmissible:		
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) Ves									
Recommendations:									
Signature - Policy And	alyst	Date (YYY)	(MMDD)	Signature - Privacy Policy	Manager	Date (YYYYMMDD)			
This section is to be completed when an authorization from ATIP is required for the purposes specified in subsection 8(2) of the Privacy Act.									
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)(f) of the Privacy Act is applicable.									
Signature - Authorized Official								Date (YYYYMMDD)	

Canadä