

This form will allow you to request access to your personal information that is held by AIC. Please complete the following sections, then sign and date the form and return it to the Membership and Subscription Coordinator, at AIC.

INFORMATION:

Please check off the personal information that you would like to access:

Application for Film and Video
Projects

Membership Information

Other (please describe):

Communication:

Please complete the following information so AIC can mail you details about your personal information at AIC. Please note that before AIC processes your request for information, the Membership and Subscription Coordinator will contact you to verify your identity and information request.

Name:

Mailing Address:

Telephone Number:

E-mail:

Please provide your signature to indicate that you have completed this form with accurate information and that you give your consent for AIC to review your personal information indicated above.

Signature

Date