

St. Philip Parish
Richmond, ON

Request to Obtain the Parish Disclosure List Form

(Appendix B of the Parish's *Disclosure of Parishioner Contact Information Policy*)

St. Philip Parish's *Disclosure of Parishioner Contact Information Policy* (the "Policy") describes the background, principles, policies and procedures associated with the management of the Parish's parishioner contact information and the disclosure of such contact information to other parishioners and parish groups. The disclosure of parishioner contact information is done only with the approval of the parish pastor and under the terms of such release as provided for in the *Policy*. A copy of this *Policy* is available on the parish website or through the parish office.

Requestor Information:

Individual's Name: _____ Telephone Number: _____

Organization: _____ Email Address: _____

Request Details:

What contact information is requested (telephone numbers, email addresses, etc.)? _____ How many copies of the Disclosure List is required? _____

Why is the Requestor making the request and what will be information be used for? _____

Date contact information is needed by, and the duration it is needed for (days, weeks, months, etc.)? _____

Please provide the name(s) and contact information for all individuals who will have access to, or will be using, this contact. Use a separate sheet and attach it to this request, if required.

Requestor Declaration:

"I, as the *Requestor* of the *Parish's Disclosure List*, agree that the information provided to me will only be used for the purposes specified in this Request. I agree that the information will be kept confidential and I will ensure the appropriate safeguards are put in place to ensure the information remains confidential. I acknowledge that I have read the *Parish's Policy* and I agree with it. I agree not to make any copies of the requested information. I agree that, if I am distributing the information to other individuals named above, I will be responsible for ensuring those named individuals are aware of this policy and will abide by them. I agree that I will return all copies of the information provided to me to the Parish Office by the date indicated in this request."

Signature: _____

Date (Year-Month-Day): _____

Updated: October 21, 2014

Pastor's Decision:

"I, as pastor of St. Philip Parish, have reviewed the Requestor's request to obtain parishioner contact information, and I approve that request."

Signature:

Date (Year-Month-Day):

"I, as pastor of St. Philip Parish, have reviewed the Requestor's request to obtain parishioner contact information, and I do not approve of that request for the following reason(s):

Signature:

Date (Year-Month-Day):