



# Request Form

*under the Freedom of Information and Protection of Privacy Act*

**Request for:**

- Access to general records
- Access to own personal information
- Correction to own personal information

**Requestor's contact information**

Mr.     Ms.    Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Address: (Street, Apt. No/P.O. Box/R.R. No.) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number (Day): \_\_\_\_\_ Telephone number (Evening): \_\_\_\_\_

If request is for **access to**, or **correction of** own personal information records, what is the full name appearing on records?

Same as above, or: \_\_\_\_\_

**Details of the request**

Detailed description of requested records, personal information or personal information to be corrected. If you are requesting a correction of personal information, please indicate the desired correction, and attach any relevant supporting documentation.

Period covered by the records: From \_\_\_\_\_ to \_\_\_\_\_

**Preferred method of access to records:**

- Examine Original                       Receive Copy  
 Disclosed documents are provided in original language.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(dd/mm/yyyy)

**Payment**

Please enclose a \$5 application fee with each request (cash, cheque or money order).

**For institution use only:**

Date received: \_\_\_\_\_ Request number: \_\_\_\_\_ Comments: \_\_\_\_\_

Personal Information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions should be directed to the Access to Information and Privacy Protection Coordinator at (613) 746-4621, ext. 2909.