

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): _____

Email address: _____

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:

☐ Paper Copy **or** ☐ Secure email

Signature: _____

Date: _____

(dd/mm/yyyy)

Payment

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

For institution use only:

Date received: _____ Request number: _____ Comments: _____