## Request for Access to Information and Correction

under the Freedom of Information and Protection of Privacy Act



Please Note: A \$5.00 application fee is required for all requests.

Request for:  ☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction to Own Personal Information		Nam	e of Insti	tution request	made to:	
If request is for <b>access to,</b> or <b>correction of,</b> own personal information records:  Last name appearing on records: □ same as below or →						
Last Name Firs	st Name	Middle 1	iddle Name			
Address: (Street/Apt. No./P.C	D. Box/R.R. No.)	City/Tov	wn	Province	Postal Code	
Telephone Number (Day):		Telepho	one Numb	er (Evening):		
Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)						
<b>Note:</b> If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.						
Preferred method of access to records  ☐ Examine Original ☐ Receive Copy			Signature			
For Institution Use Only						
Date Received	Request Number	Co	mments			

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Privacy Officer at the institution where the request is made.