Request Form

under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act

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

Request for:			Name of Institution request made	e to:
Access to General Records			Traine of Institution request many	
Access to Own Personal Information				
Correction to Own Personal Information				
If request is for access to, or correction of, own personal information records:				
Last name appearing on records: same as below, or:				
☐ Mr. ☐ Mrs. ☐ Ms. ☐	Miss		Last Name:	
First Name:			Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R. No.)			City/Town:	
Province:			Postal Code:	
Telephone Number (Day): ()			Telephone Number (Evening): ()	
Note: 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 ☐ Examine Original of access to records: ☐ Receive Copy		Signature:		Date:
For Institution Use Only				
Date Received:	Request Numb	er:	Comments	

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 Freedom of Information and Privacy Co-ordinator at the institution where the request is made.