

Access/Correction Request

There is a fee of \$5.00 to file an access request

Request number


Date received by institution

Final response date

Name of institution request made to:

Request for: Access to General Records Access to Own Personal Information Correction of 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 

DETAILS

Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Address (Street - Apartment # - Box # - R R #)		City / Town / etc.	Province	
Postal Code	Telephone Number - Day (include Area Code)	Telephone Number - Evening (include Area Code)		

Detailed description of requested records, personal information records 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 personal information if known).

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 of access to records	Signature	Date		
<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Day	Month	Year

FOR INSTITUTION USE ONLY

Comments

Personal information contained on this form, collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, will be used for the purpose of responding to the initial request. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution where the request was made.