



Request Form

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

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

| | |
|--|---|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss | Last Name: |
| First Name: | Affiliation (optional): |
| Address: (Street/Apt. No./P.O. Box/R.R. No.) | City/Town: |
| Province: | Postal Code: |
| Primary telephone #: () | Alternate telephone # : () |
| E-Mail Address: | Fax Number: |
| Request For: | |
| <input type="checkbox"/> General Records <input type="checkbox"/> Access to own Personal information <input type="checkbox"/> Correction to own Personal Information | |

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.):

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 Communication:

Email Fax Mail Telephone if yes may we leave a message?

Preferred Method to Access Records

Examine original Receive Copy

| | |
|------------------------------------|---------------------------|
| Signature: | Date (yyyy/mm/dd): |
| For institutional use only: | |
| Date received: | Request # FP |