

**Freedom of Information Act**

**Request Form**

| **Request For:** |  |
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| ☐Access to General Records | ☐ID Verified |
| ☐Access to Own Personal Information | ☐ID Attached |
| ☐Correction to Own Personal Information |       |

| If request is for access to, or correction of, own personal information records: |
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|  |
| Last Name Appearing on records: ☐ same as below, or:       |

| ☐Mr. ☐Mrs. ☐Ms. ☐Miss | Last Name:       |
| --- | --- |
| First Name:       | Middle Name:       |
| Address: (Street Number/Name) | City/Town:       |
|       | Postal Code:       |
| P.O. Box:       |  |
| Province:       | Email Address:       |
| Telephone Number (Day):       | Telephone Number (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.) |
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| Note: if your 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 | Signature: | Date: |
| --- | --- | --- | --- |
| **of access to records:** | ☐Receive Copy |  |       |

| ***For Institution Use Only*** |
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| **Date Received:** | **Request Number:** | **Comments:** |
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|       |       |       |
| **Occurrence Number:**  |  |  |
| Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information an d 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. |