## Appendix A: FIPPA Access Request Form

## **Request Form**

Under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection 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	Name of Institution request made to:				
If request is for access to, or correction of, own personal information records:					
Last name appearing on records:   same as below, o	r:				
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Last Name :				
First Name:	Middle Name :				
Address: (Street/Apt. No./ Box/ R.R. No)	City/Town:				
Province:	Postal Code:				
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 personal information, if known).					
Note: If you are requesting a correction of personal information, ple supporting documentation. You will be notified if the correction is rattached to your personal information.					
Preferred Method   Examine Original Signal	nature: Date:				
Of access to records:   Receive Copy	gridence.				
· · ·					
For Institution Use Only					
Date Received: Request Number:	Comments				
	the Freedom of Information and Protection of Privacy Act/Municipal ed for the purpose of responding to your request. Questions about this				

collection should be directed to the Freedom of Information and Privacy coordinator at the institution where the request is made.