

## **Request Form**

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

**Please Note: A \$5.00 application fee is required for all requests. Please make cheques payable to Sunnybrook Health Sciences Centre.**

**Request for:**

- ☐ Access to General Records
- ☐ 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: \_\_\_\_\_

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	Last Name: _____
First Name: _____				Middle Name: _____
Address: (Street/Apt. No/P.O. Box/P.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.)

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Note: If you are requesting a correction of personal information, please indicate the desired correction and if appropriate, attached 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:**

- ☐ Examine Original
- ☐ Receive Copy

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Institutional Use Only**

Date Received: \_\_\_\_\_

Request Number: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Information contained on this form is collected pursuant to the 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 Coordinator at the institution where the request is made.