Request to Access Information or Correct Personal Information

Before you submit a formal request for information under the *Freedom of Information and Protection of Privacy Act*, please contact the department or office where the records reside. Some records or information held by OCAD University can be disclosed routinely.

Your details: □ Mr. ■ Mrs. □ Miss □ Ms.

Last name	First name	Middle name
Mailing address		
City/town/village	Province	Postal Code
Telephone number (day)	Telephone number (evening)	Email address

What kind of information are you requesting to access?

- [■] General information
- [ ] Personal information
- [ ] Correction of personal information

Do you prefer to [ ] examine the record, or [■] receive copy of the record

About your request. Please include a detailed description of the information that you wish to access, including the time period or date range of the records. If you are requesting access or correction to your own personal information, please include all previous names. If you are requesting a correction to your own personal information, please indicate the desired correction and if appropriate, attach any supporting documentation. If you are requesting access to another individual's personal information you must attach proof that you are legally authorized to act for that individual. If you require more space please attach a separate page.

Signature Date (day/ month / year)

Please submit the $5.00 application fee for each request for information. Make cheques or money orders payable to OCAD University and mail or deliver to: FIPPA Coordinator, c/o University Relations Department, OCAD University, 100 McCaul Street, Toronto, ON M5T 1W1. Personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used to respond to your request.