

Access/Correction Request

Freedom of Information and Protection of Privacy



Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Name of Institution request made to: Freedom of Information and Protection of Privacy Services Ministry of Community Safety & Correctional Services 200 First Avenue West NORTH BAY, ON P1B 9M3 TEL: (705) 494-3080 FAX: (705) 494-3081
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If request is for access to, or correction of, own personal information records:

Last name appearing on records: same as below **or** ➤

Details:

Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms	<input type="checkbox"/> Miss

Address (Street/Apt. No./P.O. Box No./R.R. No.) City or Town Province

Postal Code	Telephone Number (s)	Area Code		Area Code	
	Day ➤			Evening ➤	

Detailed description of requested records, personal information records or personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please include your date of birth and identify the personal information bank or record containing the personal 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 access to records	Signature	Date	Day	Month	Year
<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy					

EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE. CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE MINISTER OF FINANCE.

Payment Options: **CASH** **VISA** **MASTER CARD** **MONEY ORDER** **CHEQUE**

Card Number: - - -

Expiry Date		Amount:	\$	Authorization Number:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				(For Ministry Use Only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Last Name:	
Given Name:	Initials:

Signature: _____ **Date:** _____

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation 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.