



Personal Information Protection Act

REQUEST TO ACCESS PERSONAL INFORMATION **and/or** REQUEST TO CORRECT PERSONAL INFORMATION

NAME OF ORGANIZATION TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
Last Name	First Name	Middle Name	
YOUR ADDRESS			
Street, Apt. #; P.O. Box #; RR #	City / Town	Province/Country	Postal Code
YOUR TELEPHONE / FAX NUMBER(S)			
Day Phone No. ()	Alternate Phone No. ()	Fax No. ()	
DETAILS OF REQUESTED INFORMATION			
I am requesting access to the following personal information: <i>[Please describe the record(s) you are requesting. Be as specific as possible as this will assist the request process.]</i>			<input type="checkbox"/>
I am requesting information about the way my personal information referred to above has been and is being used by the organization.			<input type="checkbox"/>
I am requesting the names of individuals and organizations to whom the personal information referred to above has been disclosed by the organization.			<input type="checkbox"/>
I am requesting the organization correct my personal information in the following manner: <i>[Please provide details as to why you think there are errors or omissions concerning your personal information.]</i> **			<input type="checkbox"/>

**** Please attach a letter if there is not enough room on this form.**

Signature: _____

Date: _____