## **Access Request Form**



Under the *Freedom of Information and Protection of Privacy Act* Please note: A \$5.00 application fee is required for all requests.

Request for:         Access to general records         Access to own personal information			Name of department request made to:		
Correction to own personal information					
		1			
If request is for <b>access to</b> , or <b>correction of</b> , own personal information records:					
Last name appearing on records:  same as below, or:					
Mr. Mrs. Ms. Miss			Last Name:		
First Name:		Middle Name:			
Address: (Street/Apt. No./P.O. Box/R.R. No.)			City/Town:		
Province:			Postal Code:		
Telephone Number (Day):			Telephone Number (Evening):		
the personal information, if known.					
<b>Preferred method</b> Examine original				Date:	
of access to records: Receive copy		Signature:		Duic.	
For institution use only					
Date Received: Request Num		per: Comments			
Personal Information contained on this f	form is collected pu	rsuant to the	Freedom of Information and Protection of	Privacy Act/Municipal Freedom of	

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions should be directed to Senece's Privacy Office at 416.764.0400 or email privacyoffice@senecacpolytechnic.ca.