



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	Preferred pronoun
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			
<p>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></p>			
<p>I am requesting information about the way my personal information referred to above has been and is being used by the organization.</p>			
<p>I am requesting the names of individuals and organizations to whom the personal information referred to above has been disclosed by the organization.</p>			

I am requesting the organization correct my personal information in the following manner:
*[Please provide details as to why you think there are errors or omissions concerning your personal information.] ***

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

Signature:

Date: