

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:
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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:	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>

Address (Street/Apt. No./P.O. Box No./R.R. No.)	City or Town	Province
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Postal Code	Telephone Number (s)	Area Code	Evening	Area Code	
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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 <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature	Date	Day	Month	Year
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EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE. CHEQUE OR MONEY ORDERS SHOULD BE

MADE PAYABLE TO "ORCA"

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 Coordinator at the institution where the request is made.

Review of Fees _____