

FIPPA Request Form

under the Freedom of Information and Protection of Privacy Act

Request to Brock University for:		Preferred 1	Preferred method of access to records:	
☐ Access to general records (non-personal information)		□ Receive o	□ Receive copy	
□ Access to your own personal information		□ Examine original (on site only)		
☐ Access to another individual's personal information with the			<i>y</i> ,	
individual's consent (please attach copy of consent)				
☐ Correction to your own personal information				
,		<u> </u>		
Requester's Contact Information:				
□ Ms. □ Mrs. □ Miss □ Mr.		Last Name:		
First Name:		Middle Name:		
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:		
				Province:
Home phone #:	Business/Mobile Phone #	4.	Email address:	
Home phone #.	Business/Woone Filone	Η.	Eman address.	
Details of Information Requested:				
Detailed description of requested record	ds, personal information or	personal inform	nation to be corrected. (Please name	
department or identify records containing the information, if known.)				
Time period of the records:				
From (yyyy/mm/dd) To (yyyy/mm/dd)				
Trom (yyy)/mm/dd)	10	(9999/11111/44)		
7				
Payment and Signature:	La		T	
\$5 application fee:	Signature:		Date:	
☐ Cheque (to 'Brock University') ☐ Cash				
	<u> </u>		1	
For Brock University's Use Only:				
Date Received:	Request Number:		Comments:	
Date Received:	Request Number:		Comments.	

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used for the purpose of responding to your request. Direct any questions about this collection to the Freedom of Information and Privacy Co-ordinator at Brock University at (905) 688-5550, ext. 5380 or see www.brocku.ca/university-secretariat/freedom-information-protection-privacy.

Nov 06/14