



FIPPA Request Form

under the Freedom of Information and Protection of Privacy Act

Request to Brock University for:**Preferred method of access to records:**

<input type="checkbox"/> Access to general records (non-personal information) <input type="checkbox"/> Access to your own personal information <input type="checkbox"/> Access to another individual's personal information with the individual's consent (please attach copy of consent) <input type="checkbox"/> Correction to your own personal information	<input type="checkbox"/> Receive copy <input type="checkbox"/> Examine original (on site only)
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Requester's Contact Information:

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		Last Name:	
First Name:		Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:	
Province:		Postal Code:	
Home phone #:	Business/Mobile Phone #:	Email address:	

Details of Information Requested:

Detailed description of requested records, personal information or personal information 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)

Payment and Signature:

\$5 application fee: <input type="checkbox"/> Cheque (to 'Brock University') <input type="checkbox"/> Cash	Signature:	Date:
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For Brock University's Use Only:

Date Received:	Request Number:	Comments:
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