Information Access Request Form

Freedom of Information and Protection of Privacy Act

Request for: ☐ Access to General Records ☐ Access to Own Personal Information	Please note: A $5.00 application fee is required for all requests. ☐ $5.00 fee paid

If request is for access to own personal information records:

Last name appearing on records: ☐ same as below or ►

Details:

Last Name	First Name	Middle Name	□ Mr. □ Mrs. □ Ms. □ Miss.

Address:
Street/ Apt No./ P.O Box NO./ RR NO. :
City or Town:
Province:
Postal Code:

Email Address:

Telephone Number(s):	
(1) Home/Cell (please include area code):	(2) Work (please include area code):

Detailed description of requested records or personal information records. (If you are requesting access to your personal information, please indicate where, if known, in the University the personal information records are likely held.)

Preferred Method of Access to Records:

□ Examine Original	□ Receive Digital (Electronic) Copies (sent via email or on disc by mail)	□ Receive Hard (Paper) Copies (sent via mail)

Note: If photocopies are required at any point in the processing of a request, there will normally be a charge of 20 cents per copy in addition to postal or Courier charges. Moreover, the University may charge $30 for every hour required to search for, and prepare copies of, General Records (**not** "Own Personal Information Records") for disclosure.

Signature:	Date (Day/ Month/ Year):

For Institution Use Only

Date Received Day/ Month/ Year	Request Number	Comments

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 Director of Risk Management and Access to Information at Lakehead University, ATAC 4009, 955 Oliver Road Thunder Bay, Ontario P7B 5E1, Phone: (807) 343-8010 ext. 8518; E-mail: mshaw1@lakeheadu.ca