



Information Access Request Form
Freedom of Information and Protection of Privacy Act

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information		Please note: A \$5.00 application fee is required for all requests. <input type="checkbox"/> \$5.00 fee paid		
If request is for access to own personal information records: Last name appearing on records: <input type="checkbox"/> same as below or ►				
Details:				
Last Name		First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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 identify the personal information bank or records containing the personal information, if known.)				
<u>Preferred Method of Access to Records:</u>				
<input type="checkbox"/> Examine Original	<input type="checkbox"/> Receive Digital (Electronic) Copies (sent via email or on disc by mail)	<input type="checkbox"/> Receive Hard (Paper) Copies (sent via mail)		
<small>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.</small>				
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) 343-8518, Fax: (807)346-7735, E-mail: mshaw1@lakeheadu.ca