Lakehead UNIVERSITY

Request Form for Correction of Personal Information

Freedom of Information and Protection of Privacy Act

Details:		
Last Name / First Name / Middle Name		☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss
Last Name in Records, if Different from above:		
Address Street/ Apt No./ P.O Box NO./ RR NO.: City or Town: Province:		
Postal Code	Telephone Number(s): (1) Home/Cell: (Area Code)	(2) Work Number: (Area Code)
Detailed description of personal information to be corrected. (Please indicate where, if known, in Lakehead University the personal information records are likely held.) 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 a disagreement be attached to your personal information.		
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 4010, 955 Oliver Road Thunder Bay, Ontario P7B 5E1, Phone: (807) 343-8010 ext. 8518, E-mail: mshaw1@lakeheadu.ca