

76 Stuart Street Kingston, Ontario K7L 2V7 Canada

Request Form

Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests.

Request for: Access to General Records Access to Own Personal Information Correction to Own Personal Information							
If request is for access to, or correction of, own personal information records: Last name appearing on records: same as below, or:							
Contact Information: Mr. Mrs. Ms.							
Last Name:	First Nan	First Name:					
Company or Organization (if app	licable):						
Address: (St./Apt. No./PO Box/RR No.):							
City/Town:							
Province:			Postal Code:				
Telephone Number: ()		Email Address:					
Alternate Number: ()		Preferred method	of contact:	Phone [☐ Mail ☐	E-mail \square	
Detailed description of requested records, personal information or personal information to be corrected. Include applicable date(s). (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)							
Note: If you are requesting a correction of personal information, 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 disagreement be attached to your personal information.							
Preferred method of Examine Original Receive Copy		Signature:			Date:		
For Institution Use Only							
•			Comments				
	Request Number:		Comments:				
Personal Information contained on t for the purpose of responding to yo Coordinator at the institution where	ur request. Question	ns about this collection sl					

Return completed form and application fee to:

Freedom of Information Coordinator Kingston Health Sciences Centre 76 Stuart Street

Kingston, ON K7L2V7