## **Request for:**

## Name of Institution request made to:

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:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Last Name:
First Name:	Middle Name:
Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:
Province:	Postal Code:
Telephone Number (Day): ( )	Telephone Number (Evening): ( )
Detailed description of requested records, personal information or personal information to be corrected. (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: record	
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