



Access/Correction Request

Freedom of Information and Protection of Privacy

How to Submit: Mail or deliver completed form with original signature to the Office of the University Legal Counsel, Western University, Stevenson Hall, Room 1102, 1151 Richmond Street, London, Ontario, N6A 3K7. As a formal request is not complete until the original and \$5.00 fee are received, emails and faxes are not acceptable.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information			Faculty(ies)/Department(s) holding requested record(s), if known:		
If request is for access to, or correction of, 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"/> Dr. <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Name of company or organization (if applicable)					
Address (Street/Apt. No./P.O. Box/R.R. No.)		City/Town		Province	Postal Code
Email Address		Telephone Number(s)			
		Day ► ()		Evening ► ()	
Detailed description of requested records, personal information records, or personal information to be corrected, including the time period of the records, if known. Please attach additional pages if more space is required.					
<p>Note: If you are requesting access to, or correction of, your personal information, please identify the record, if known. If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. If you are requesting personal information on another person's behalf, please attach proof that you have the authority to act for that person.</p>					
Preferred method of access to records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy			Signature		Date
For Institution Use Only					
Date Received		Request Number		Fee Received	
Day	Month	Year		<input type="checkbox"/> Cheque or money order payable to The University of Western Ontario <input type="checkbox"/> Cash: Receipt # _____	

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to Western's Freedom of Information and Privacy Coordinator, Freedom of Information and Privacy Office, University Secretariat, The University of Western Ontario, Room 4101, Stevenson Hall Building, London, Ontario, N6A 5B8. Tel: 519-661-2111 ext. 84543.