Access/Correction Request
Freedom of Information and Protection of Privacy

How to Submit: Mail or deliver completed form with original signature to the Freedom of Information and Privacy Office, University Secretariat, The University of Western Ontario, Room 4101, Stevenson Hall, London, Ontario, N6A 5B8. As a formal request is not complete until the original and $5.00 fee are received, emails and faxes are not acceptable.

<table>
<thead>
<tr>
<th>Request for:</th>
<th>Faculty(ies)/Department(s) holding requested record(s), if known:</th>
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</thead>
<tbody>
<tr>
<td>☐ Access to General Records</td>
<td></td>
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<tr>
<td>☐ Access to Own Personal Information</td>
<td></td>
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<tr>
<td>☐ Correction of Own Personal Information</td>
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</tbody>
</table>

If request is for access to, or correction of, own personal information records:

Last name appearing on records: ☐ same as below or ►

Details:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Mr.</th>
<th>Mrs.</th>
<th>Dr.</th>
<th>Ms</th>
<th>Miss</th>
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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.

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.

Preferred method of access to records

☐ Examine Original

☐ Receive Copy

Signature

Date

For Institution Use Only

Date Received

Day Month Year

Request Number

Fee Received

☐ Cheque or money order payable to The University of Western Ontario

☐ 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, London, Ontario, N6A 5B8. Tel: 519-661-2111 ext. 84541.