

Freedom of Information and Protection of Privacy Office C/O Office of the Governing Council 27 King's College Circle Simcoe Hall, Room 106 Toronto, ON M5S 1A1

Information and Protection of Privacy Office, for the University of Toronto.

Website www.fippa.utoronto.ca email: privacy@utoronto.ca

Freedom of Information	on Request Form (page 1 of 2)	
This request form should be submitted to the University of Toronto's Freedom of Information and Protection of Privacy Office. Please note that a \$5.00 application fee is required for all requests (cheque made payable to the University of Toronto).		
Request For: Access to General Records	Access to Own Personal Information Correction to Own Personal Information	
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Last Name:	
First Name:	Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:	
	Postal Code:	
	Telephone (Day): ()	
Province:	Telephone (Evening): ()	
If this request is for access to, or correction of own personal information records : Last name appearing on records is same as below, or is		
Preferred method of access to records: Receive A Copy	Ι Ι	
Signature:	Date:	
Personal Information contained on this form is collected pursuant used for the purpose of responding to your request. Questions about	to the Freedom of Information and Protection of Privacy Act and will be	

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Freedom of Information Request Form (page 2 of 2)

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Page 2 Identifier: Requester Name:		
Provide a detailed description of the requested records, personal information or personal information to be corrected. If you are requesting non-personal information, please provide the date period of the records you wish to access (e.g., records from 1995 to 2002). If you are requesting access to, or correction of your personal information, please identify the personal information bank or record containing the personal information, if known.		
Note: If you are requesting a correction of personal information, please indicate the desired correction, and if		

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.

	For University of Toronto Use Only		
Date Received Request Number Comments	Date Received	Request Number	Comments

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 the Director, Freedom of Information and Protection of Privacy Office, for the University of Toronto.