FIPPA Request Form

Please note: A $5.00 application fee is required for all requests

Please select ONE. This is a request for:	**Name of Department(s) 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 _____

NAME

☐Miss ☐Ms. ☐Mrs. ☐Mr. ☐Other: _____	FIRST NAME	MIDDLE NAME	LAST NAME

ADDRESS

STREET/APT.NO./P.O. BOX/R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

TELEPHONE NUMBER(S)

DAY PHONE NO.	ALTERNATE PHONE NO.	EMAIL

Date Range

DATE FROM	DATE TO

Detailed description of requested records, including date range 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 personal 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 then request that a statement of disagreement be attached to the record.

Preferred method of access to records ☐Receive Copy ☐Examine Original	SIGNATURE	DATE

For Institution's Use Only

DATE RECEIVED:	REQUEST NO.	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 Toronto Metropolitan University's Privacy Officer, General Counsel & Board Secretariat, 350 Victoria Street, Toronto, ON M5B2K3; email: fippa@torontomu.ca