

FIPPA ACCESS REQUEST FORM

Please Note: A \$5.00 application fee is required for all requests.

Request for:		Name of Department at Nipissing University to which request is being made:
Access to General Reco		
Access 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		Address: (Street/Apt. No/P.O. Box/R.R. No.)
Last Name:		
First Name:		
Middle Name:		City/Town:
Telephone (Day): ()		Postal Code:
Telephone (Evening): ()	Province:
		Email Address: Please check this box if you wish to communicate via email.
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 request that a statement of disagreement be attached to your personal information. Preferred method Examine Original Time period for From (yyyy/mm/dd): To (yyyy/mm/dd): To (yyyy/mm/dd):		
Date of Application (yyyy/mm/dd):		Signature:
For Institution Use Only		
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 Information and Privacy Officer at Nipissing University.		