

Access Request Form

under the *Freedom of Information and Protection of Privacy Act* Please Note: A \$5.00 application fee is required for all requests.

Request for:			Name of department request made to:		
Access to General Records					
Access to Own Personal Information					
Correction to Own Personal I	nformation				
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			Last Name:		
First Name:			Middle Name:		
Address: (Street/Apt. No./P.O. Box/R.R. No.)			City/Town:		
Province:			Postal Code:		
Telephone Number (Day): ()			Telephone Number (Evening): ()		
person information, if known.)					
Preferred method Examine Original Signat			e:	Date:	
of access to records: Receive Copy					
For Institution Use Only					
Date Received:	Request Numb	per:	Comments		

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions should be directed to St. Lawrence College's Privacy Office at privacyoffice@sl.on.ca