



uOttawa

Access to Information and Privacy Office

550 Cumberland Street, Room M407
Ottawa, ON K1N 6N5
Tel.: 613-562-5800 (1851)
Fax: 613-562-5112
aipo@uOttawa.ca

Access Request Form

Part 1 - Request under the *Freedom of Information and Protection of Privacy Act* for: *

<input type="checkbox"/>	Access to general records
<input type="checkbox"/>	Access to own personal information
<input type="checkbox"/>	Access by an authorized party to information about another individual (Please complete the Authorization Request Form for Representation)

Part 2 - Requester's Information

<input type="checkbox"/> Mr.	Family Name *	First and middle name(s) *		
<input type="checkbox"/> Ms.				
Unit/Apt.no	Street no. *	Street name *		PO Box
City *		Province *	Postal code *	
Home phone no.	Work phone no.	Cell phone no.	E-mail address	

Part 3 – Description of Records

Provide as much detail as possible about the relevant records

a) Time period of records dated from _____ (yyyy/mm/dd) to _____ (yyyy/mm/dd) *

b) Location of Search for Records : (please specify where records might be located, i.e., faculty, service, department, etc.): *

c) Description: *

Part 4 – Payment and signature

PLEASE ENCLOSE A \$5.00 APPLICATION FEE WITH EACH REQUEST.

Cheque (please make your cheque payable to the University of Ottawa) Cash Money order

Signature

Date (yyyy/mm/dd)

*** REQUIRED FIELD**

PLEASE SEND YOUR COMPLETED FORM AND APPLICATION FEE TO THE ADDRESS ABOVE. THANK YOU.

Personal information contained on this form is collected pursuant to *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, Compliance, Access to Information and Privacy, Access to Information and Privacy Office, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room M407, Ottawa, Ontario, K1N 6N5.