**Freedom of Information 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): ( ) ____________________
- Telephone (Evening): ( ) ____________________
- Province: ____________________________
- Telephone (Day): ( ) ____________________
- 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 ____________________________

To help us locate your records, please indicate the relationships you have or have had with the University of Toronto (check all that apply):
- [ ] Student (former or current)
- [ ] Employee (former or current)
- [ ] Alumnus
- [ ] Volunteer
- [ ] University Donor
- [ ] Other ____________________________

University Associations, Teams, Clubs which may have records: ____________________________

<table>
<thead>
<tr>
<th>Preferred method of access to records:</th>
<th>Receive A Copy</th>
<th>Examine Original At University Location</th>
</tr>
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<tbody>
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<td>[ ]</td>
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**Signature:** ____________________________  **Date:** ____________________________

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.
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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 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 |

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