

Legal Services

FIPPA REQUEST FORM

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

Request for:		Nam	ne of Institution request made to:	
Access to General Red Access to Own Person Correction to Own Pe	nal Information			
If request is for access to	o, or correction of, ov	wn personal inform	ation records:	
Last name appearing	on records: sa	ame as below, or		
Mr. Mrs. Ms.	Miss	Last	Name:	
First Name:		Mid	Middle Name:	
Address:		_ City,	City/Town:	
Province:		_ Post	Postal Code:	
Phone Number (day):		Ema	Email Address:	
information bank or rec				
	n. You will be notified if th	ne correction is not mad	te the desired correction, and if appropriate, attach de and you may require that a statement of	
Preferred method of	Examine Original			
access to records:	Receive Copy	Signature:	Date:	
For Institution Use Only	-			
Date Received:			Request Number:	
Comments:				

Submit Form To: Insurance, Risk Management & FIPPA Officer - Julie Laforet (jlaforet@uwindsor.ca) 401 Sunset Avenue, Windsor, ON N9B 3P4. If you have any questions while completing the form, please contact Julie at ext. 2080