

Fleming College | FIPPA Request Form

Request to Fleming for:

- Access to general College records (non-personal information)
- Access to your own personal information
- Access to another individual's personal information with the individual's consent (**include copy of consent form**)
- Correction to your own personal information

Preferred method of access to records:

- Receive copy electronically via email only
- Receive copy electronically via email and paper copies via mail
- Examine original(s) (on-site only)

Requester's Contact Information (if you are a third party requestor, skip this section):

Preferred Title (if any):		Last Name:
First Name:		Middle Name:
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:
Province:		Postal Code:
Home phone #:	Business/Mobile Phone #:	Email address:

IMPORTANT: The College is required to verify the identity of requestor before providing access.

Third Party Requestor Information (if you are not a third party requestor, skip this section). If you are a third party requestor (such as a parent, guardian, lawyer) requesting on behalf of someone else complete the section below. **A consent form must accompany this request.** Third party requestors may be asked to providing additional supporting documentation.

Preferred Title (if any):		Last Name:
First Name:		Middle Name:
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:
Province:		Postal Code:
Home phone #:	Business/Mobile Phone #:	Email address:
Role / Relationship:		

Details of Request:

- Provide a **detailed description** below of requested records; personal information; or personal information to be corrected below. If you require assistance contact freedomofinformation@flamingcollege.ca.
- If you require more space please attach an additional page to this form.
- If requesting records and/or personal information, **be specific** (i.e. identify type(s) of record(s) being requested and the department of custody if known). If you do not know the specific type(s) of records, please describe the personal information you are requesting.

Indicate time period of the records requested:

From (yyyy/mm/dd) / / To (yyyy/mm/dd) / /

Payment and Signature:

\$5 application fee paid via: <input type="checkbox"/> Cheque (to 'Fleming College') <input type="checkbox"/> Cash **Include payment with request	Signature: <hr/> Print Name:	Date: _____ / _____ / _____ (yyyy/mm/dd)
Send completed form and payment to: Attention: Privacy Coordinator President's Office, Fleming College 599 Brealey Drive, Peterborough ON K9J 7B1 Questions: Contact freedomofinformation@flemingcollege.ca		

Fleming College protects your privacy and your personal information. The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act ("FIPPA"). The information will be used for the purpose of responding to your request, for required reporting to authorities, and for purposes consistent with those purposes. Please direct any questions about this collection to the Privacy Officer at Fleming College at Fleming College, 599 Brealey Drive Peterborough ON K9J 7B1, freedomofinformation@flemingcollege.ca.

Fleming College must respond in writing to your access or correction request within 30 calendar days, subject to any extension or exemptions allowable by applicable law.

Incomplete forms will be returned to the requestor for completion.

You have a right to make a complaint about the Fleming College's decision to your access or correction request to the Information and Privacy Commissioner of Ontario. In the case of a decision related to a correction request, you have the right to have a "statement of disagreement," which is a brief letter that explains what information you think is incorrect or incomplete, attached to your personal health information in the record.

For Fleming College's Use Only:

Date Received: / / (yyyy/mm/dd)	Request Number:	Comments:
---	------------------------	------------------