

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 health information requested on this form is collected in accordance with the Personal Health Information Protection Act ("PHIPA") and will be used to respond to your request for access or correction and related purposes. Please direct any questions about this collection to the Privacy Officer 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:
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