

Personal Information Request

Request for Personal Information

Request for Correction of Personal Information

Personal information on this form is collected under Newfoundland and Labrador's *Access to Information and Protection of Privacy (ATIPP) Act* and will be used to respond to a request for, or correction to, your personal information. (See attached instructions)

| | |
|---|--|
| 1. To Which Public Body Are You Making Your Request? | |
| Memorial University of Newfoundland | |
| 2. Applicant (please print) | |
| Last Name: | First Name: |
| Organization (where applicable): | |
| Address: _____ _____ | |
| Postal Code: _____ | |
| Daytime Telephone #: () | Fax #: () |
| E-Mail: | |
| 3. What Information Are You Requesting? (Please check only one option) | |
| <input type="checkbox"/> My own personal information | <input type="checkbox"/> Another person's personal information (attach Proof of Authority) |
| <input type="checkbox"/> Correction of personal information | <input type="checkbox"/> Correction of another person's personal information (attach Proof of Authority) |
| I wish to access or correct the following information (Please be specific): | |
| (If you need more space, please attach a separate piece of paper) | |

2. Applicant (*please print*)

Last Name:**First Name:****Organization** (*where applicable*):

Address:

Postal Code:

Daytime Telephone #: ()

Fax #: ()

E-Mail:

3. What Information Are You Requesting? *(Please check only one option)*

My own personal information

Another person's personal information (attach ***Proof of Authority***)

Correction of personal information

Correction of another person's personal information (attach ***Proof of Authority***)

I wish to access or correct the following information (Please be specific):

(If you need more space, please attach a separate piece of paper)

Applicant's Signature:

Date: (YYYY-MM-DD)

Instructions

Please

- Make only one request on each application form.
- Describe the records or information you are seeking in as much detail as possible.
- If you are requesting personal information (or correction of personal information) on behalf of another individual, you must complete a **Proof of Authority** form. Please attach a completed Proof of Authority to this application form.
- Send or deliver this form and the fee to the Access and Privacy Coordinator of the public body most likely to have the records you are seeking.
- Keep a copy for your records.
- Enclose a cheque or money order for the \$5.00 application fee payable to the public body to which the personal information request is submitted (or, if a government department, payable to the **Newfoundland Exchequer**).
- Please note that if the public body does not respond within 30 days of receiving this application, you may ask for a review by the Information and Privacy Commissioner, under authority of section 43 of *the ATIPP Act*, or you may appeal to the Supreme Court Trial Division. In addition, if the public body extends this 30-day time period under subsection 16(1), you may make a complaint to the Information and Privacy Commissioner in accordance with section 44.
- The *ATIPP Act* may be viewed in its entirety at:
<http://www.assembly.nl.ca/legislation/sr/statutes/a01-1.htm>
- Further information about making a request for, or correction of, personal information can be found on the **Access to Information and Protection of Privacy (ATIPP) Office** website:
<http://www.justice.gov.nl.ca/just/civil/atipp/>

Personal information collected on this form is protected by
the *Access to Information and Protection of Privacy (ATIPP) Act*
and will be used only to respond to this request.

Inquiries about the use and protection of this personal information
should be directed to the Access and Privacy Coordinator
of the public body to whom the application is sent.