

## Access/Correction Request Freedom of Information and Protection of Privacy

**Request for:**

- Access to General Records  
 Access to Own Personal Information  
 Correction of Own Personal Information

 Request made to **Mohawk College**

Tom Ferns ,

General Counsel and Corporate Secretary

If request is for access to, or correction of, own personal information records:

 Last name appearing on records:  same as below **OR:** 
**Details**

Last Name:  First Name:  Middle Name:   
 Mr.  Ms  Miss  Mrs.  Dr.  
 Address:  City or Town:  Province:   
 Postal Code:  Telephone (Daytime):  Telephone (Evening):   
 Fax:  E-mail Address:

**Detailed description of requested records, personal information records or personal information to be corrected (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.

Preferred method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature	Day / Month/ Year
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**EACH SEPARATE REQUEST MUST BE ACCOMPANIED BY THE \$5.00 APPLICATION FEE.  
CHEQUE OR MONEY ORDERS ARE PAYABLE TO MOHAWK COLLEGE**

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Co-ordinator c/o Office of the General Counsel and Corporate Secretary, Mohawk College, P.O. Box 2034, Hamilton, Ontario, L8N 3T2.