REQUEST TO ACCESS INFORMATION

Before submitting a formal request for information please contact the unit that has the records that you wish to access as many records held by the Northern Ontario School of Medicine (NOSM) can be disclosed without making a formal request. For assistance completing the form please read the instructions at the end of the document.

Personal information collected on this form is collected under the authority of the Ontario **Freedom of Information and Protection of Privacy Act** and will be used to respond to your request. If you have questions about this collection contact the Director of Planning and Risk, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, (807) 766-7396.

ABOUT YOU

Last Name	First Name	
Name of Company or Organization (if applicable)		
Mailing Address		
City / Town / Village	Province	Postal Code
Daytime Telephone Number	Evening Telephone Number	Facsimile Number
Email Address	May we contact you by email? If you agree you are providing your consent to the transmission of your personal information by email. ☐ Yes ☐ No	

ABOUT YOUR REQUEST

What kind of information are you requesting to access?

☐ General Information
Please attach initial fee of $5

☐ Personal Information
Please attach initial fee of $5

☐ Request a Correction to Personal Information

Do you want to:

☐ Receive a copy of the record, or

☐ Examine the record

ABOUT THE INFORMATION: Please provide as much detail as possible about the information that you are requesting to access. If you are requesting your own personal information be sure to include all your previous names. If you are requesting access to another person's information you must attach proof that you are legally authorized to act for that person. What is the time period of the records? Please give specific dates. If you need more space please attach a separate sheet of paper.

YOUR SIGNATURE

Signature	Date

Return Completed Form to: Director of Planning and Risk
Northern Ontario School of Medicine
955 Oliver Road
Thunder Bay, ON P7B 5E1

REQUEST TO ACCESS INFORMATION

HOW TO COMPLETE THIS FORM

ABOUT YOU

Please enter your last name and first name. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address and your daytime and evening telephone numbers. The School may need to contact you if there are any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

ABOUT YOUR REQUEST

Do you want access to your own personal information, general records of the School, or to submit a request for correction? Check the appropriate box. If you are requesting a correction to your personal information please use the "About the Information" section to submit your corrections. If you require additional space please attach a separate piece of paper. If you are requesting records containing your personal information you will have to provide proof of your identity before the records are released to you. If you are requesting records for another person, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee and have a written authorization from them, or that you have power of attorney for the person.

Do you want to either receive a copy of the record or examine the record? Check the appropriate box.

COST OF YOUR REQUEST

If you are making a request for general information, there will be an initial fee of $5. If the total cost of processing your request is more than $100, you will be provided with an estimate of how much your request will cost before processing begins. If the estimate is more than $100 a deposit of 50% of the total processing costs must be received before we begin to process your request. For detailed information on the cost of processing your request please refer to the **Schedule of Fees** document posted on this website.

ABOUT THE INFORMATION YOU WANT TO ACCESS

What information are you requesting? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

If you are requesting your own personal information, please be sure that you give: your full name; any other names that you have previously used; and any identifying number that relates to the records, such as your employee or learner number, or other identification number.

If you are requesting another person's information, please give: the person's full name; any other name that person may have used on the records; any identifying numbers for the person if you know them; and proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee and have a written authorization from them, or that you have power of attorney for the person.

Enter the time period of the requested records. For example, if you are requesting records for the period January 1, 2016 to January 31, 2016, enter those dates in the space provided.

YOUR SIGNATURE

Sign and date the form and send it to the Director of Planning and Risk as indicated below.

Return Completed Form to:

Director of Planning and Risk
Northern Ontario School of Medicine
955 Oliver Road
Thunder Bay, ON P7B 5E1