

FOI ACCESS REQUEST FORM freedom of Information & Protection of Privacy Note: All access requests must be accompanied by a \$5.00 application.

Note: All access requests must be accompanied by a \$5.00 application fee

	☐ Cash ☐ Cheque (Payable to Hôtel-Dieu Grace Healthcare)									lealthcare)	
Requester Information:											
Last Name		First Na	me Middle Name						☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss		
Address(Nui	nber)	Street	City Or Town Provi			nce Postal Code					
E-Mail Addre	E-Mail Address		A	Area Telephone (D		Days) Area		Telepl	Telephone (Nights)		
Please provide record number from the Inventory Data Base (if applicable):											
Report or record(s):											
Date or date	range:										
Description:											
Signature of Requester							Date Year Month Da			Day	
FOR INSTITUTION USE ONLY											
Date Rec'd	Month	Day	Received By								
Year		Luy									
Request Number			Comments								

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where the request is made.

☐ Access To Own Personal Information ☐ Correction Of Own Personal Information

☐ Access To General Records

Request for: