

Legal Services

FIPPA REQUEST FORM

Please Note: A \$5.00 application fee is required for all requests.

Request for:		Name of Institution request made to:		
Access to General Ro Access to Own Perso Correction to Own P	onal Information			
If request is for access t	o , or correction of , o	wn personal informati	on records:	
Last name appearing	g on records: s	ame as below, or		
FirstName: Address: Province: Telephone:		Middle Name: City/Town: Postal Code:		
	on. You will be notified if t	the correction is not made a	he desired correction, and if appropriate, attach and you may require that a statement of Date:	
For Institution Use On	h			
For Institution Use On			Danis et Nisselans	
Date Received:			Request Number:	
Comments:				

Submit Form To: University of Windsor Legal Services, Assumption Hall 3rd Floor, 401 Sunset Avenue, Windsor, ON N9B 3P4