

Freedom of Information Access/Correction Request Form

Submit this form to the Freedom of Information Office at the above address along with your \$5 application fee (cheque payable to London Health Sciences Centre, or you may provide credit card information on the application form, below). If you have questions or have not received a telephone call from us within 10 days of your request, please call 519-685-8500 ext. 35654

Request For: Access to General Records Access to Own Personal Information Correction to Own Personal Information

Please print clearly

First Name: _____ Last Name: _____

Address: (Street/Apt. No./P.O. Box/R.R. No.): _____

City/Town/Province: _____ Postal Code: _____

Telephone (Day): () _____ Email: _____

Alternate Telephone Number(s): () _____

Email address: _____

Provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. Note: if you are requesting access to your own personal information, you will need to show a signed form of photo identification to FOI Office staff.

Preferred Method of Access to Records (circle one):

1. Paper 2. Electronic (CD-ROM) 3. Examine records at the hospital

Date: _____ Requester's Signature: _____

For London Health Sciences Centre Use Only

Date Received	Request Number	Comments

First Name: _____ Last Name: _____

Payment Information

Cheque for \$5 payable to London Health Sciences Centre, attached

Please charge \$5 to my credit card: Amex MasterCard Visa (circle one)

Credit card holder's name: _____

Credit Card number: _____

Security code (found on back of card) 3 digit security code for Visa and Master Card, 4 digit security code for Amex: _____

Expiry date (MM/YY): _____