



Freedom of Information Coordinator  
 160 Kendal Ave., Room C221B  
 Toronto, ON, M5R 1M3

416-415-5000 x. 4646  
 privacy@georgebrown.ca

Website [www.georgebrown.ca/fipa.aspx](http://www.georgebrown.ca/fipa.aspx)

**Freedom of Information Request Form (page 1 of 3)**

This request form should be submitted to the George Brown College's Freedom of Information Coordinator. Please note that a \$5.00 application fee is required for all requests (cheque made payable to George Brown College).

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

Mr.     Mrs.     Ms.     X  
 First Name: \_\_\_\_\_  
 Address: (Street/Apt. No./P.O. Box/R.R. No.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Province: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Telephone (Day):    (    ) \_\_\_\_\_  
 Telephone (Evening): (    ) \_\_\_\_\_

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

Last name appearing on records is  same as below, or is \_\_\_\_\_

To help us locate your records, please indicate the relationships you have or have had with George Brown College (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Student (former or current)                                      | <input type="checkbox"/> Employee (former or current) |
| <input type="checkbox"/> Alumnus  | <input type="checkbox"/> Volunteer                    |
| <input type="checkbox"/> College Donor  | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> College Associations, Teams, Clubs which may have records: _____ |   |

**Preferred method of access to records:**     Receive A Copy     Examine Original At College Location

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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 Coordinator for George Brown College.



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### Freedom of Information Request Form (page 2 of 3)

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Page 2 Identifier: Requester Name: \_\_\_\_\_

Provide a detailed description of the requested records, personal information or personal information to be corrected. If you are requesting non-personal information, please provide the date period of the records you wish to access (e.g., records from 1995 to 2002). 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.



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### Freedom of Information Request Form (page 3 of 3)

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#### For George Brown College Use Only

Date Received	Request Number	Comments
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George Brown College respects your privacy. Personal Information that you provide to the Diversity, Equity and Human Rights Services office is collected for the purposes of College's administrative and compliance obligations with respect to adherence to the following College policies: Ontario Human Rights Code; Human Rights and Discrimination and Harassment; and Sexual Violence and Sexual Harassment in addressing such matters through the College's Complaint Resolution Process. At all times it will be protected in accordance with the Freedom of Information and the Protection of Privacy Act. If you have questions, please refer to [privacy@georgebrown.ca](mailto:privacy@georgebrown.ca) or contact the Director, Diversity Equity and Human Rights Services at [diversity@georgebrown.ca](mailto:diversity@georgebrown.ca)