



**DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD**  
**ACCESS/CORRECTION REQUEST - FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

**Request for:**

- Access to General Records
- Access to Own Personal Information
- Correction of Own Personal Information

**Name of Institution request made to:**

District of Timiskaming Social Services Administration Board  
 Corporate Access & Privacy Office  
 PO Box 310  
 29 Duncan Avenue North  
 Kirkland Lake ON P2N 3H7  
**Attention: Chief Privacy Officer**  
**TEL: (705) 567-9366 FAX: (705) 567-1942**

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

Last name appearing on records:     same as below    **or**

**DETAILS:**

Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
			<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
Address (Street/Apt. No./P.O. Box No./R.R. No.)		City or Town	Province	
Postal Code	Telephone Number (s) Day: Evening:			

**Provide detailed description of requested records, personal information records or personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please include your date of birth and 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.

Preferred method of access to records	Signature	Date	Day	Month	Year
<input type="checkbox"/> <b>Examine Original</b> <input type="checkbox"/> <b>Receive Copy</b>		:	:	:	:

THE \$5.00 APPLICATION FEE MUST ACCOMPANY EACH SEPARATE REQUEST. CHEQUE OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD. CASH SHOULD NOT BE SENT THROUGH THE MAIL.

<b>Payment Options:</b>	<input type="checkbox"/> <b>MONEY ORDER</b>	<input type="checkbox"/> <b>CHEQUE</b>	<input type="checkbox"/> <b>CASH</b>
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FOR INSTITUTIONAL PURPOSES ONLY		
Date Received	Request Number	Comments

**Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation 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.**