## Request for Access under the Freedom of Information and Protection of Privacy Act

## St. Michael's Inspired Care. Inspiring Science.

**Please Note:** A \$5.00 application fee is required to process all requests. Cheques and money orders should be made payable to St. Michael's Hospital.

Request for:		Attention: Freedom of Information Coordinator Information Access & Privacy Office	
Access to General I		St Michael's Hospital	
Access to Own Pers		30 Bond Street	
Correction of Own	Personal Information	Toronto, Ontario M5B 1W8	
Please print clearly:			
Last Name:			
First Name:		Middle Name:	_
Street Address:		City/Town:	_
		Province:	_
		Postal code:	
<b>Best Daytime Telepho</b>	one Number: ( )		_
May we leave voice n	nail at this number? Yes	or No (Please circle one)	
information, please ic	lentify the personal information	d records. If you are requesting access to or correction of your personal on bank or record containing the person information, if known. Note: If you are ease indicate the desired correction, and if appropriate, attach any supporting	
Signature:		Date:	
For Institution Use O	nlv		
Date Received	Request Number	Comments	