

Please see instructions on page 2 before filling out this form

A. Type of Request					
<input type="checkbox"/> Access to general records (i.e., without personal information) <input type="checkbox"/> Access to own personal information <input type="checkbox"/> Access to other's personal information by authorized party <input type="checkbox"/> Correction of own personal information					
B. Requester's Information					
Last name		First name		Middle initial	
Unit/Apt. no.	Street no.	Street name			PO box
City		Province		Postal code	
Home phone no. (include area code)			Business/Mobile phone no. (include area code and extension)		
C. Description of Records or Correction Requested					
Time period of the records			Method of access		
From (yyyy/mm/dd)	To (yyyy/mm/dd)		<input type="checkbox"/> Receive copy	<input type="checkbox"/> Examine original (on site only)	
D. Signature					
\$5 application fee			Signature		Date (yyyy/mm/dd)
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash (in person only)				
<p><i>Personal information contained in 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 this request. Questions about this collection should be directed to EQAO's Senior Policy Analyst at 416-325-6516.</i></p>					
E. EQAO Use Only					
Date received (yyyy/mm/dd)		Request no.	Comments		

Instructions for Completing Access or Correction Request

Informal Access to Records

Many EQAO records are available to you without making a request under the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act*. Contact the Senior Policy Analyst at EQAO to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records.)

EQAO is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney or guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the information to which the request pertains. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible (e.g., from 2008/07/21 to 2009/11/30).

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to replace it with.

Check a box to indicate whether you want to examine original documents (which may be done on site only) or receive copies.

D. Signature

Sign and date the form and mail or submit it in person to EQAO.

Mailing address: Education Quality and Accountability Office,
Suite 1200, 2 Carlton Street,
Toronto ON M5B 2M9