



FOI Correction Request Form

Requester's Information				
Last name		First name		Middle initial
Unit/Apt. no.	Street no.	Street name		PO box
City/Town		Province		Postal code
Home phone no. (include area code)		Business/mobile no. (include area code)		

Description of Records Requested			
Provide as much detail as possible about the correction requested. Use a separate sheet of paper if you need more space and attach it to this form. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.			
Type of Document	Date of Document	Who is the author of the document?	Which information is incorrect or incomplete?

A. Requester Signature	
Signature:	Date (yyyy/mm/dd)

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 Specialist of Hamilton Health Sciences.

B. Institution Use Only		
Date Received:	Request Number:	Comments:

Available on-line at Hamilton Health Sciences / Freedom of Information / Forms

Hamilton Health Sciences
1200 Main Street West
Hamilton, ON L8N 3Z5

Tel: 905-521-2100, Ext. 75126
Fax: 905-577-8474
Email: foi@hhsc.ca

Attn: Privacy and Freedom of Information Office
Hamilton Health Sciences – King West
P.O. Box 2000, Hamilton, ON L8N 3Z5

Please do not send personal information via email or fax.