

Access to Information Request Form

For official use only

Applicant Information			
First Name:		Last Name:	
Street, address, apartment:			
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City or town:	Provir		
Postal Code:		Telephone number:	
Email:			
Details of Request			
Provide details regarding the information being sought (e.g. subject matter, date range, type			
of records)			
Method of access preferred (please choose one)			
Receive paper copies of	Receive electronic co	pies of	Examine the documents in
the documents \square	the documents \square		person □
This request for access to in	nformation under the		
Access to Information Act is being made by:			
Select the category that best describes you:			
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This information is collected for statistical purposes and is published annually on the Government of Canada Info			
Source website			· —
Please note that the College may contact you to verify your		Date:	
identity and to confirm that you have a right of access under			
the Access to Information Act.	l an thin forms in much start	d a the control	and in the state of the state o
The personal information provided on this form is protected under the provisions of the <i>Access to Information Act</i> and the <i>Privacy Act</i> and is retained and used as described in Personal Information Bank PSU 901 of the College.			
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Please note:

- College may contact you to obtain additional clarification of your request.
- Requests are subject to a \$5 application fee. Once the College has a clear understanding of your request, an invoice will be emailed to you. Please be aware that you may be required to pay other fees depending on the circumstances of your request.
- Should you have any questions about the response to your request, please contact <u>atip-aiprp@college-ic.ca</u>. You have the right to complain to the Information Commissioner of Canada if you believe you have been denied any of your rights under the Act.

Instructions:

Forward this form to atip-aiprp@college-ic.ca or mail it to:

College of Immigration and Citizenship Consultants

Attn: ATIP Coordinator 5500 North Service Road

Suite 1002

Burlington, ON L7L 6W6

Telephone: 1-877-836-7543 x 1159 Email: atip-aiprp@college-ic.ca