



Personal Information Access Request Form

INFORMATION AND INSTRUCTIONS

The St. Lawrence Seaway Management Corporation (SLSMC) will provide you with access to your personal information, unless a legal exception applies. We will review all information access requests, and will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. **Fields marked with an asterisk (*) are for SLSMC employees or former employees only.** For information about our privacy protection practices, contact the Privacy Officer at address below. Employees are to consult their regional Human Resources Department.

PART A: Requestor Identification

Last Name

First Name

Initial

Mailing Address

Telephone

*Date of Birth

*Employee ID Number

PART B: Requesting access to personal information held by SLSMC

1. Please describe what you need and include details that will help us locate the personal information (e.g., dates, nature of your relationship with SLSMC, etc.).

2. How would you prefer to access this information? Please check off:

Receive hard copies of originals

Examine originals in the facility

Signature

Printed Name

Date

Please mail this form to: Privacy Officer, The St. Lawrence Seaway Management Corporation, 202 Pitt St. Cornwall, Ontario K6H 3P7. *SLSMC employees are to forward their request to their regional Human Resources Department.*

PART C: Response to Access to Personal Information Request

1. **Date Request Received :** _____

Date Limit for Response: _____

A response will be provided within 30 days after receipt of the request

2. **Date Response Issued :** _____

- Access request granted
- Access request not granted
- Access request granted in part

If access request was not granted or granted in part only, give reason for not providing the information.

3. **Extension**

If an extension to the access request response was required, please complete the following:

Date of Extension : _____

Date Limit for response: _____

Maximum of 30 additional days

Requestor advised of extension on: _____

Reason for extension : _____

4. **Access Request processed by:**

Printed Name

Title

Signature