

Information Request Form

Under Canada's federal privacy legislation (PIPEDA), individuals have a right to request access to their personal information or request a correction be made to their personal information.

Please complete and submit this form and any supporting documents to **risk@stewartmckelvey.com** for review and response. Contact your Stewart McKelvey lawyer directly for information regarding an active or recently closed client matter.

Requestor Information

Last name		First name		Middle name		
Mailing Address						
City or Town	Provinc	ce or State	Country		Postal code	
Email			Telephone			

Details of Request

Provide a detailed list of the information you are seeking. Please include particulars such as the date range of the requested record(s), topic to which the record(s) relate, the type of record(s), and the personnel who may have knowledge of the information, if known.

If requesting a correction to a factual error or omission, please explain the discrepancy and submit supporting documentation of the correct information.

Personal Information contained on this form and in conjunction with this request will be used for the purpose of responding to your request. Questions about this collection should be directed to risk@stewartmckelvey.com.



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Method of Access

Please indicate how you wish to receive the information requested. Select all that apply.



Receive electronic copy of record(s)

Receive paper copy of record(s) Examine record(s) in office

Access may be denied under certain circumstances (e.g. where disclosure would reveal personal information about other individuals, where the information is protected by solicitorclient privilege, etc.) Proof of identity may be required to obtain personal information.

Questions regarding this form should be directed to risk@stewartmckelvey.com.

For more information about the rights and obligations under PIPEDA, visit the website of the **Office of the Privacy Commissioner of Canada.**

I understand that I may be required to pay a fee before obtaining access to the record.

In signing below, I confirm that all information contained in this form and attachment(s) if applicable is accurate to the best of my knowledge.

Signature	Date (MM/DD/YYYY)		

FOR OFFICE USE ONLY:					
Date Received (MM/DD/YYYY)	Date Resolved (MM/DD/YYYY)	Signature of Firm Member			

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