

## REQUEST FOR ACCESS TO PERSONAL INFORMATION

Please review the Privacy Policy at [www.cno.org/privacy](http://www.cno.org/privacy) to understand how your personal information will be used.

### Identification:

You must provide legible copies of **two** pieces of government-issued identification, both of which must include your signature and date of birth.

Examples of acceptable forms of ID include Driver's License, Provincial Health Card, Passport or a Citizenship or Permanent Resident Card.

Other forms of ID may also be acceptable, as long as they contain the required information.

### Response time:

If we are able to provide you with access to your information, we will attempt to do so within 30 days of receiving this form and your proof of identity.

Please note CNO is only able to provide copies of the requested documents in its custody and cannot provide original or certified true copies of documents from other institutions.

### Mail or fax your completed request form and identification to:

The Privacy Officer  
 College of Nurses of Ontario  
 101 Davenport Road, Toronto, ON M5R 3P1  
 Fax: 416-963-7516

Date of request:  DD /  MM /  YY

Home address :

Name of requestor:

CNO Registration #(s), if applicable:

City:  Province:

Phone number: (  )  -

Postal code:

### Information being requested

Please provide sufficient details to identify the records being sought, including types of documents (if known) and dates. Attach additional pages as necessary.

### How would you like to receive the information? (Choose only one)

Mail to my home address above\*

Pick up from CNO (a date will be confirmed)

\*Documents will be mailed to your home address only. CNO does not send personal information to third parties, such as schools or employers.

### Certification and Signature

I certify that I am seeking access to my own personal information. I understand that copies of documents received from CNO become the responsibility of the requestor.

Signature: