

Request for Access to Personal Information Form



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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 if they contain the required information.

Please note the College 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.

Email or mail your completed request form and identification to:

Email: pofficer@cnomail.org

Mailing Address:

College of Nurses of Ontario, Privacy Office
101 Davenport Road Toronto, ON M5R 3P1

Please review the *Privacy Policy* on CNO's website (www.cno.org/privacy) to understand how your personal information will be used.

Date of Request

Email Address (Required)

Name of Requestor

Home Address

Applicant or CNO Registration #(s)

City

Province

Phone Number (Required)

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

Receiving your Information: Once the requested records have been assembled, they will be provided to you through a secure platform via email. CNO will process your request within 30 days of receiving this form and proof of identity, with limited exceptions.

I certify that I am seeking access to my own personal information. I understand that copies of documents received.

Name (Print): _____ Date: _____

Signature: _____