Request for Access to Personal Information Form



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 <i>Privacy Policy</i> on CNO's website (<u>www</u>	.cno.org/privacy) to understand how yo	ur personal information will be used.
Date of Request	Email Address (Required) Home Address	
Name of Requestor		
Applicant or CNO Registration #(s)	City	Province
Phone Number (Required)	Postal Code	
Receiving your Information: Once the requirements a secure platform via email. CNO will proof of identity, with limited exceptions.		
☐ I certify that I am seeking access to my own	personal information. I understar	nd that copies of documents received.
Name (Print):	Date:	
Signature:		