

Individual request for personal information

Use this form to request your own personal information. Personal information collected on this form will be used to process and respond to your request.

NOTE:

Please include copy of 1 piece of government issued identification or a signed Canadian Blood Services donor card with this form.

Who is requesting the information?

Last name	First name
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Canadian Blood Services donor ID	Date of birth (yyyy-mm-dd)
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Address at time of last contact with Canadian Blood Services (the address we would have on file for you)	
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What information are you requesting?

Please be as detailed as possible and provide date ranges, if applicable

How do you want to receive the information?

Please indicate how you want the information sent to you and **include the email address, fax number or mailing address.** Canadian Blood Services is not responsible for the protection of information sent to the email address provided, including access by an employer if a work email is provided.

By signing below, you agree to the following:

- You consent to the disclosure the personal information being requested and represent that you have the legal authority to request the personal information. You understand that Canadian Blood Services is not responsible for any subsequent disclosures of the personal information by you or any individual you provide the personal information to.
- You understand that if you choose to submit this form and supporting documentation electronically or choose to have Canadian Blood Services provide the requested personal information to you electronically, Canadian Blood Services assumes no responsibility for the security of the personal information during transmission.

Signature (<i>Electronic signature is acceptable</i>)	Date
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Form return: email to ati@blood.ca, or mail to Legal Services, Canadian Blood Services, 1800 Alta Vista Drive, Ottawa, ON, K1G 4J5.