## 1. Request for Access to Personal Information

**Archiviste Gabriel Côté — Privacy Request Form***This form is for individuals who wish to access the personal information held about them in accordance with Law 25 and applicable privacy laws.*

**1. Requestor Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this request on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Description of Your Request**

Please describe, in as much detail as possible, the information you are requesting access to.

(Example: “I would like to access all personal information held in relation to my project from July 2023.”)

**3. Verification of Identity**

To protect your personal information, Archiviste Gabriel Côté may request additional documentation to verify your identity before processing your request (e.g., photo ID or signed authorization if acting on someone’s behalf).

✅ Please do **not** include sensitive documents in this form unless instructed.

**4. Processing Time**

Your request will be processed within **30 days** of receipt, in accordance with applicable privacy legislation. If more time is required, you will be informed in writing with an explanation.

**5. Submission Instructions**

Please submit this completed form by one of the following methods:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Request – Access to Personal Information”

**🖊️ 6. Signature**

By submitting this form, I confirm that the information provided is accurate and that I am entitled to make this request.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above

## 2. Request for Correction of Personal Information

**Archiviste Gabriel Côté — Privacy Request Form** *Use this form to request the correction of inaccurate, outdated, or incomplete personal information held by Archiviste Gabriel Côté.* *In accordance with the rights set out in* ***Law 25*** *and applicable privacy laws.*

**1. Requestor Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this request on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Information to be Corrected**

Please describe the **incorrect information** and provide the **corrected version**.

**a) Description of Incorrect Information:**

**b) Corrected Information:**

**3. Supporting Documentation (Optional)**

If applicable, please include **any documents** that support your correction request (e.g., updated contact details, ID, legal name change, etc.).

Do **not** include sensitive documents unless requested directly.

**4. Processing Time**

Correction requests will be reviewed and processed within **30 days** of receipt. You will be contacted if further clarification is needed or if we are legally unable to make the change.

**5. Submission Instructions**

Submit this form by one of the following methods:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Request – Correction of Personal Information”

**6. Signature**

By submitting this form, I confirm that the information I have provided is accurate and that I am entitled to make this request.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above

## 3. Request to Withdraw Consent

**Archiviste Gabriel Côté — Privacy Request Form** *Use this form if you no longer wish to allow Archiviste Gabriel Côté to collect, use, or retain your personal information for specific purposes.* *This right is protected under* ***Law 25*** *(Quebec) and related privacy legislation.*

**1. Requestor Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this request on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Type of Consent to Withdraw**

Please indicate **which consent(s)** you are withdrawing:

☐ General service-related communications  
 ☐ Use of personal information for recordkeeping or internal notes  
 ☐ Use of cookies or tracking tools via the website  
 ☐ Use of personal information for third-party service providers  
 ☐ All uses of my personal information (complete withdrawal)

**If partial**, please describe specific details below:

**3. Important Notes**

* Withdrawing consent **may limit** or end your access to certain services.
* Some information may be retained due to legal, financial, or contractual obligations (e.g., tax records, invoices, or archival value).
* In accordance with Quebec law, when the original purpose of the data has been fulfilled, Archiviste Gabriel Côté will either delete or anonymize the data — unless prohibited by applicable archival standards.
* In archival contexts (e.g., historically significant documents designated for permanent retention), anonymization may not be permitted, and deletion may not be possible. In such cases, protective safeguards or restricted access may be applied instead.
* You will receive confirmation of the deletion and an explanation of any retained data within **14 business days.**

**4. Submission Instructions**

Submit this form by one of the following methods:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Request – Withdraw Consent”

**5. Signature**

By signing below, I confirm that I am the individual identified above (or legally authorized to act on their behalf), and I wish to withdraw my consent as indicated.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above

## 4. Request for Deletion of Personal Information (Right to be Forgotten)

**Archiviste Gabriel Côté — Privacy Request Form** *Use this form to request the deletion or anonymization of your personal information held by Archiviste Gabriel Côté.* *Requests are processed in accordance with* ***Law 25*** *(Quebec) and other applicable privacy laws.*

**1. Requestor Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this request on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Scope of Deletion Request**

Please indicate what you would like deleted:

☐ All personal information held by Archiviste Gabriel Côté  
 ☐ Personal contact information only (email, phone, address, etc.)  
 ☐ Service records or internal notes  
 ☐ Uploaded documents or archived files (if possible)  
 ☐ Website analytics or cookie tracking data  
 ☐ Other (please describe):

**3. Important Considerations**

* Some information may be **retained** due to legal, financial, or contractual obligations (e.g., tax records, invoices, or archival value).
* Where full deletion is not possible, Archiviste Gabriel Côté will **restrict access** to the data as appropriate.
* You will receive confirmation of the deletion and an explanation of any retained data within **14 business days**.

**4. Submission Instructions**

Submit this completed form by one of the following:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Request – Deletion of Personal Information”

**5. Signature**

By submitting this request, I confirm that I am the individual identified above (or legally authorized to act on their behalf), and that I am requesting the deletion of personal information as specified.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above

## 5. Request for Data Portability

**Archiviste Gabriel Côté — Privacy Request Form** *Use this form to request a copy of your personal information in a digital format (e.g., CSV, PDF, or other structured format), in accordance with your right to data portability under* ***Law 25****.*

**🧾 1. Requestor Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this request on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Data Requested for Portability**

Please describe the personal information you would like to receive in digital format:

(e.g., “Contact information and records related to my digitization project from April 2023.”)

**3. Format Preference**

Please indicate your preferred format (if available):

☐ CSV  
 ☐ PDF  
 ☐ JSON  
 ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Portability applies only to data you provided directly and that is stored digitally. Derived or anonymized data may not be included.

**4. Processing Time**

Requests for data portability will be fulfilled within **30 days**, unless additional time is required due to complexity or volume. If so, you will be informed.

The information will be sent to you **securely** via email or download link (unless another method is requested).

**5. Submission Instructions**

Submit this form by one of the following methods:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Request – Data Portability”

**🖊️ 6. Signature**

By submitting this request, I confirm that I am the individual identified above (or legally authorized to act on their behalf), and I request a copy of my personal information in a portable format.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above

## 6. Privacy Complaint Form

**Archiviste Gabriel Côté — Privacy Request Form** *Use this form to file a complaint regarding the collection, use, retention, or disclosure of your personal information by Archiviste Gabriel Côté.* *Your complaint will be handled seriously, respectfully, and in compliance with* ***Law 25****.*

**🧾 1. Complainant Information**

|  |  |
| --- | --- |
| **Field** | **Response** |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred Contact Method | ☐ Email ☐ Phone ☐ Mail |
| Are you making this complaint on your own behalf? | ☐ Yes ☐ No (If no, include authorization) |

**2. Description of the Complaint**

Please describe your concern in detail, including what happened, when it occurred, and which information or interaction it relates to.

If applicable, include the names of any persons you interacted with and any documents or services involved.

**3. Supporting Documentation (Optional)**

You may attach any documents, screenshots, or communications that support your complaint.

⚠️ Do **not** include sensitive documents unless specifically requested.

**4. Expected Outcome**

Please tell us how you would like this complaint to be resolved (e.g., explanation, correction, deletion, apology, confirmation of policy compliance, etc.):

**5. Next Steps & Processing Time**

Archiviste Gabriel Côté will acknowledge receipt of your complaint within **5 business days**. A full investigation will be conducted, and you will receive a response within **30 days**. If more time is needed, you will be notified.

If the complaint is unresolved or you are unsatisfied with the outcome, you may contact:

**Commission d’accès à l’information du Québec (CAI)** Website: https://www.cai.gouv.qc.ca  
 Phone: 1-888-528-7741

**6. Submission Instructions**

Submit this completed form by:

* **Email**: archiviste.gabriel.cote@outlook.com
* **Mail**: 1220 rue Saint-Olivier, Trois-Rivières, Québec, G9A 4B9
* **Subject line**: “Privacy Complaint – Confidential”

**7. Signature**

I certify that the information in this complaint is accurate to the best of my knowledge.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have read and understand the limitations and conditions listed above