

Request for Correction of Personal Information Form

Personal information on this form is collected under the Newfoundland and Labrador Access to Information and Protection of Privacy (ATIPP) Act and will be used to respond to your request for correction to your personal information. See instructions below.

1. CORRECTION REQUEST INFORMATION

To Which Public Body Are You Making Your Request?

2. APPLICANT INFORMATION

Applicant Name:	
Organization (where applicable):	
Address:	
Postal Code:	
Daytime Telephone #: ()	Facsimile #: ()
E-Mail:	

3. CORRECTION OF INFORMATION BEING REQUESTED

What are You Requesting? Please check one

Correction of my personal information

Correction of another person's personal information (attach Proof of Authority)

4. I WISH TO CORRECT THE FOLLOWING INFORMATION (*please be specific*):

If you need more space, attach a separate piece of paper.

Applicant's Signature: _____ Date: _____ YYYY-MM-DD

FOR PUBLIC BODY USE ONLY

Date Received: _____ File #: _____

Instructions

Please

- Describe the records or information you are seeking to correct in as much detail as possible.
- If you are requesting the correction of personal information on behalf of another individual, you must complete a **Proof of Authority** form. Please attach a completed Proof of Authority to this application form.
- Send or deliver this form to the Access and Privacy Coordinator of the public body that has the records you would like corrected.
- Keep a copy for your records.
- The ATIPPA may be viewed in its entirety at <u>http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm</u>

Personal information collected on this form is protected by the Access to Information and Protection of Privacy Act and will be used only to respond to this request. Inquiries about the use and protection of this personal information should be directed to the Access and Privacy Coordinator of the public body to whom the application is sent.