

# **Access or Correction Request**

**Notice of Collection:** The personal information you have provided on this form is collected by the Upper Canada District School Board under the authority of the Municipal Freedom and Protection of Privacy Act. The information will be used to answer your request.

If you have any questions, please contact the school principal and/or the Information and Records Management Specialist, Upper Canada District School Board, 225 Central Avenue, West, Brockville, ON, K6V 5X1 (Telephone 613-342-0371, Ext. 1396)

Please see instructions on page 2 before filling out this form								
A. Type of Requ	est							
Access t Access t Access t	o general recor o own personal	informational information	ation by authori		rty			
Name of institut Upper Cana	· · · · · · · · · · · · · · · · · · ·	de to: ard cville, ON K6V	5X1					
B. Requester's I	nformation							
Last Name				First Name			Middle Initial	
Unit/Apt. No.	Street No.	reet No. Street Name					РО Вох	
City/Town				Provi	ovince		Postal Code	
Home Phone No. (include area code)				Business/Mobile phone no. (include area code & extension)				
C. Description of Records or Correction Requested								
	Time period o	of the reco	rde			Mathod of ac		
Time period of the records					Method of access			
	From (yyyy/mm/dd)  To (yyyy/mm/dd)				☐ Receive copy	☐ Exami	☐ Examine original (on site only)	
D. Payment and								
\$5.00 application fee Signature  Cheque Cash (in person only)						Date	(yyyy/mm/dd)	
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •						
Date received (yyyy/mm/dd) Request No.					Comments			
Date received (yyyymmydd) Request No.		NU.		Comments				



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## **Instructions for Completing Access or Correction Request**

#### **Informal Access to Records**

Many records of public institutions are available to you without making a request under the *Freedom of Information and Protection of Privacy Act*. Contact the Information and Records Management Specialist to determine whether you need to make a formal request. (225 Central Ave West, Brockville, ON K6V 5X1; 613-342-0371 ext. 1396)

# A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records)

The Information and Records Management Specialist is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trusteeship order).

#### B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

### C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g. from 2015/07/21 to 2017/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

# D. Payment and Signature

A \$5.00 application fee is required for all requests. Cash payments must be made in person.

Make cheques payable to the *Upper Canada District School Board*.

Sign and date the form and mail it or submit it in person to the Upper Canada District School Board.