Request Form

under the *Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection of Privacy Act*

Please Note: A $5.00 application fee is required for all requests.

St. Clair Catholic
District School Board

Request for:

☐ Access to General Records
☐ Access to Own Personal Information
☐ Correction to Own Personal Information

Name of Institution request made to:

If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or: _____

☐ Mr.   ☐ Mrs.   ☐ Ms.   ☐ Miss   Other   Last Name: _____

First Name: _____   Middle Name: _____

Address: (Street/Apt. No./P.O. Box/R.R. No.)

_____   City/Town: _____

Province: _____   Postal Code: _____

Telephone Number (Day): _____   Telephone Number (Evening): _____

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records:	☐ Examine Original ☐ Receive Copy	Signature:	Date:

For Institution Use Only

Date Received:	Request Number:	Comments: