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
  http://www.assembly.nl.ca/Legislation/sr/statutes/a01-1.htm