



Request for Correction of Personal Information Information

The personal information is collected under the authority of section 4(c) of the Alberta *Protection of Privacy Act* and will be used to respond to your request. For questions about this collection of personal information contact the Privacy and Access Officer at The East Central Alberta Catholic Separate School Division at 780-842-3992.

Applicant Information

Last Name _____ Middle Name _____ First Name _____

Name of Company or Organization (if applicable): _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number (Day): _____ Phone Number (Evening) _____

Email Address: _____

Requested Information

1. Whose information do you want to correct?

- Your own personal information
- Another person's information: If correcting information for another person, attach proof of legal authority to act on their behalf.

2. What personal information needs to be corrected?

Please provide as much detail as possible. Be sure to give the complete name that is in the records if it is different from the name given above.

3. What correction do you want to make and why?

Please describe what correction you want to make and why. Be sure to attach any documents that support your request.

4. In which school/department do the records reside?

Authorization

Signature: _____

Date Signed: _____

MM/DD/YYYY

Office Use Only

Date Received: _____ Request Number: _____

How to Complete the Form

You can correct information in many public body records without making a request under the Protection of Privacy Act (POPA). To determine whether you need to make a request under the Act or if you need help completing the form, contact the Privacy and Access Officer at The East Central Alberta Catholic School Division at 780-842-3992.

Applicant Information

Enter your legal last name, middle name and first name. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address and your daytime and alternate phone numbers. If you have an email address where you can be contacted, enter it in the space provided. East Central Alberta Catholic School Division may need to contact you if they have any questions about your request.

Requested Information

1. Whose information do you want to correct?
Indicate whether you want your personal information or another person's information to be corrected.

Your Personal Information

If you want your information to be corrected, you will have to provide proof of your identity.

Another Person's information

If you want the information of another person to be corrected, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

2. What records contain the information you want corrected?
Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, continue your description on a separate sheet of paper and attach it to this request form.

- a) If you want a correction made to your personal information, please give:
 - Your full name and any other names that you have previously used.
 - Any identifying number that relates to the records, such as your employee number, case number or other identification number.

- Proof of identity such as a copy of a government-issued photo ID
- b) If you want a correction made to another person's information, please give:
 - The person's full name and any other name that person may have used on the records
 - Any identifying number for the person if you know them.
 - Proof of Legal Authority such as proof that you are the person's guardian or trustee or that you have the power of attorney for the person.
3. What correction do you want made? What is incorrect about the information that is currently on the record? Please be specific.
 4. In which school/department do the records reside? Enter the name of the school and/or department that you believe has the records you want corrected.

Authorization

Sign and date the form

Where to send your request:

Send your completed form, proof of identity or legal authority if applicable, to:

The East Central Alberta Catholic Separate School Division
Mary Ann Threinen
Secretary-Treasurer/Privacy and Access Officer
1018 1 Ave
Wainwright, AB T9W 1G9

Email to: maryann.threinen@ecacs16.ab.ca