Personal Correction Request  
**Request to correct personal information under section 35(1) of the *Access to Information and Protection of Privacy Act***

Personal information is collected under the *Access to Information and Protection of Privacy Act*, *section 35(1)* for the purposes of requesting a correction to personal information. For further information, contact the [name of positon], [location] at (867) XXX-XXXX, or by email at [address].

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Email: |  | | | |
| Phone: |  | | | Address: |  | | | |
| City: |  | | | Province: |  | | | |
| **Whose information do you want to correct?** | | | | | | | | |
|  | My personal information | | | | | | | |
|  | Another person’s information (Please attach proof you can legally act for the person) | | | | | | | |
| **Which public body is responsible for correcting the information related to this request?** | | | | | | | | |
| Name of public body: | | |  | | | | | |
| **What personal information needs to be corrected?** (Please provide as much detail as possible to assist with your request) | | | | | | | | |
|  | | | | | | | | |
| **What correction do you want to make and why?** (Please attach any documents to support your request) | | | | | | | | |
|  | | | | | | | | |
| **Signature:** | |  | | | | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forward your request to the Authorized Officer for the public body. You will received a response from the public body in 30 business days.** | | | | |
| **PUBLIC BODY USE** | | | | |
| Date received: |  | |  |  |
| Comments: | |  | | |
|  | | | | |