## **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 access requests.

Request for:	Name of Institution request made	to:	
Access to General Records	Huron-Superior Catholic District		
Access to Own Personal Information	Huron-Superior Catholic District	School Board	
Correction to Own Personal Information			
If request is for <b>access to</b> , or <b>correction of</b> , own personal information records:			
Last name appearing on records:  same as belo	w, or:		
Mr. Mrs. Ms. Miss	Last Name:		
First 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.			
c	Signature:	Date:	
of access to records:			

For Institution Use Only * This form should be time stamped and forwarded to the Manager of Human Resources.			
Date Received:	Request Number:	Comments	
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Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of			
Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed			
to the Freedom of Information and Privacy Co-ordinator at the institution where the request is made.			