



## Record Correction Request Form

This form may be used to request corrections of the content of your personal information if you believe there are errors or omissions. Documentary proof may be requested before the corrections are affected.

### Privacy notice statement

The personal information provided on this form is collected and protected under the provisions of the *Privacy Act*. It is retained and used as described in Personal Information Bank PSU 901 by the institution to which this form is submitted. Any questions about the collection, use or disclosure of this information should be directed to the Access to Information and Privacy Coordinator of the institution to which this form is submitted. The information is used to process and respond to formal requests made under the *Privacy Act*, including subsequent requests for correction, complaints, investigations and judicial review when applicable. Failure to provide this information may result in the inability to process your request. You have the right to the correction of, access to, and protection of your personal information under the *Privacy Act*. You have a right to complain to the Office of the Privacy Commissioner of Canada regarding the handling of your personal information request or correction request.

I acknowledge the privacy notice statement above.

### Personal information

**Family Name (Surname):**

**Given name(s):**

**Current address** (address number, apartment number, street, city, province, postal code):

**Telephone, E-mail, Fax:**

## Correspondence

Please indicate your preferred language of communication with the government institution:

English

French

Please indicate your preferred method of communication with the government institution:

E-mail

Telephone

Letter

Fax

## Information about your request for correction

Government institution to which you are submitting a request for correction:

File number for your previously processed personal information request:

Identification of record(s) or items concerned:

Correction(s) requested:

**Attestation (please select only one option)**

If you are requesting a correction for another individual, you will also need to provide their written authorization or legal documentation to demonstrate that you are entitled to do so.

I am requesting a correction of personal information about myself

I am requesting a correction on behalf of another individual and I am authorized to do so

I am requesting a correction for another individual who is deceased and I am authorized to do so

Date (yyyy-mm-dd):

**Supplemental information**

Please feel free to attach any supplemental information to this form that may assist the institution in fulfilling your request.