

request is made.

## **Information Request Form**

under the Municipal Freedom of Information and Protection of Privacy Act

Email completed form to: records@bhncdsb.ca Please Note: A \$5.00 application fee is required for all requests. Request for: Name of Institution request made to: Access to General Records Brant Haldimand Norfolk Catholic District School Board Access to Own Personal Information Attention: records@bhncdsb.ca Correction to Own Personal Information If request is for access to, or correction of, own personal information records: Last name appearing on records:  $\square$  same as below, or: Last Name First Name Name of company or organization (if applicable) Mailing address City/Town Province Postal Code Day phone number Alternate phone number Email address 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. **Preferred method** ☐ Examine Original Signature: Date: of access to records: Receive Copy Personal Information contained on this form is collected pursuant to the 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 Privacy Officer at the institution where the

Digital signature accepted if the form is emailed from an account on file with the Board. If external, a physical signature is required.