

## **Freedom of Information 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 requests.

Request for:	Name of Institution request made to:	
General Records	Niagara Catholic District School Board	
Own Personal Information	427 Rice Road, Welland, ON L3C 7C1	
Correction to Own Personal Information	Coordinator of Information Management/Privacy and Freedom of Information	tion
If request if for <b>access to</b> , or <b>correction of</b> , own personal information records:		
Last Name appearing on records: same as below, or:		
Mr. Mrs. Ms. Miss		
First Name:	Province: Postal Code:	
Last Name:	Telephone Number (Day Time):	
Address:	Telephone Number (Evening):	
City/Town:	Email Address:	
<b>Note</b> : If you are requesting a correction of p any supporting documentation. You will be disagreement be attached to your personal in	ersonal information, please indicate the desired correction, and if appropriate, e notified if the correction is not made and you may require that a statem formation.	attach ent of
Preferred method to access records:	Examine Original Receive Copy	
Signature:	<del>-</del>	
For Institution Use Only:		
Date Received: Requi	est Number:   Comments:	
Freedom of Information and Protection of Priv	collected pursuant to the Freedom of Information and Protection of Privacy Act/Munacy Act and will be used for the purpose of responding to your request. Questions nator of Information Management/Privacy and Freedom of Information.	