

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

If request is for access to, or correction of, own personal information records:

Mr. Mrs. Ms. Miss		
First Name:	Province:Postal Code:	
Last Name:	Telephone Number (Day Time):	
Address:	Telephone Number (Evening):	
City/Town:	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 to access record Receive	Original Copy	Signature: Date:		
For Institution Use Only Date Received:	Request Number		Comments	
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 Coordinator of Information Management/Privacy and Freedom of Information.				