



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD **FOI - Form 1**
MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989

REQUEST FOR INFORMATION

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information		Name of Institution request made to:		
If request is for access to, or correction of, own personal information records: Last name appearing on records: <input type="checkbox"/> Same as below, or <input type="checkbox"/>				
Details:				
Last Name _____		First Name _____	Middle Name _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Address (Street/Apt. No./P.O. Box No./R.R. No.) _____		City or Town _____	Province _____	
Postal Code _____	Telephone Number(s) _____	Area Code _____	Area Code _____	
	Day: _____	Evening: _____		
Detailed description of requested records, personal information records 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 personal information, if known.)				
<i>NOTE: A \$5.00 fee is payable to the "Algonquin and Lakeshore Catholic District School Board" and must be submitted for each request.</i>				
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 of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Signature _____	Date: Day _____ Month _____ Year _____	
For Institution Use Only				
Date Received Day _____ Month _____ Year _____		Request Number _____	Comments: _____	