

Request for Information
made under the *Municipal Freedom of Information and Protection of Privacy Act*



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD
 MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1989

FOI – Form 1

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			
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) Day:	Area Code	Evening: Area Code
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.)			
NOTE: A \$5.00 fee is payable to the "Algonquin and Lakeshore Catholic District School Board" and must be submitted for each request.			
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:	