

REQUEST TO CORRECT PERSONAL INFORMATION FORM

About you	Title	First Name	Last Name
	Relationship to Olds College and identifying employee or student number (if applicable)		
	Mailing Address		
	City or Town	Province	Postal Code
	Phone	Email	

About your request	Whose information do you want to correct?
	<input type="checkbox"/> Your own personal information <input type="checkbox"/> Another person's information (attach proof that you can legally act for the person)

About the information you want to correct	What personal information needs to be corrected? Give as much detail as possible. If the name in the records is different from the name given above, please indicate so here. If you need more space, please attach a separate sheet of paper.
	What correction(s) do you want to make and why? Please attach any documents that support your request.

Your signature	Signature	Date

<i>FOR OFFICE USE ONLY</i>
Date Received:

The personal information collected through this Consent and Authorization form is collected under the authority of section 4(c) of the Alberta Protection of Privacy Act (POPA). It will be used for the purpose of assessing and processing your request and may also be used for program evaluation and improvement purposes. For questions about this form or the collection, use or disclosure of your personal information, please contact the Olds College Access & Privacy Coordinator at privacy@oldscollege.ca.

How to Complete this Form

If you believe there is an error or omission in your personal information, you may request that Olds College correct the information.

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Then enter the name of the company or organization that you are representing, if applicable. Enter your complete mailing address and your home and cell phone numbers. The public body may need to contact you if they have any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

About your Request

Whose information do you want to correct? Indicate whether you want your personal information or another person's information to be corrected.

Another person's information: If you want the records of another person to be corrected, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

About the Information you want to Correct

What records contain the information that you want corrected? Please be as specific as possible in describing the records. The more specific your request, the quicker and more accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

If you want a correction made to your own personal information, please be sure that you give:

- Your full name;
- Any other names that you have used on the records; and
- Any identifying number that relates to the records, such as your employee or student number, case number or other identification number.

If you want a correction made to another person's information, please give:

- The person's full name;
- Any other name that person may have used on the records; and
- Any identifying numbers for the person, such as employee or student number, if you know it.

What corrections do you want made? What is incorrect about the information that is currently on the record? Please be specific.

Your Signature

Sign and date the application and send it to the Access & Privacy Coordinator.