



Information Request Form

under the *Municipal Freedom of Information and Protection of Privacy Act*

Please Note: A \$5.00 application fee is required for all requests. Fees can be paid by cash or e-transfer to finance@hwdsb.on.ca

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of Institution request made to: Hamilton-Wentworth District School Board 20 Education Court, P.O. Box 2558, Hamilton, ON L8N 3L1 Attention: Heather McCafferty, Privacy Office
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or: _____

Last Name		First Name	
Name of company or organization (if applicable)			
Mailing address	City/Town	Province	Postal Code
Day phone number	Alternate phone number	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 of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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Personal Information contained on this form is collected pursuant to the 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 Privacy and Information Management Officer at the institution where the request is made.