

Request to Correct Personal Information Form

Instructions

Personal information on this form is collected in accordance with New Brunswick's *Right to Information and Protection of Privacy Act* (RTIPPA). Many public bodies already have procedures in place for you to correct your personal information; please contact the [public body's Coordinator](#) to inquire if you are able to have your personal information corrected through existing procedures.

ABOUT YOU

In this section of the form, please include:

- your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- your complete mailing address and daytime and evening telephone numbers so that the public body can contact you about the request; and
- a fax number or e-mail address, if any, where correspondence may be sent.

ABOUT YOUR REQUEST

- Please check **which person's information** you would like to correct.
- Indicate the **name of the public body** to which you are making the request

ABOUT THE INFORMATION YOU WANT TO CORRECT

- Please give your **full name** and any other **names that you previously used** and any identifying number that relates to the records in question.
- If you are requesting a correction to another person's information, please attach **proof that you can legally act for that person**. For your use, there is a [Proof of Authority Form](#) available on the [RTIPPA website](#).
- Please be specific as to what exactly needs to be corrected. If you need more space, please continue your description on a separate sheet of paper and attach it to this form.

FEES

- There is no application fee when making a request to correct personal information.

WHERE TO SEND YOUR REQUEST

- Be sure to sign, date and send your request to the appropriate head of the public body, as defined in Part 1 of RTIPPA. The heads of the public bodies are listed in the [Directory of Public Bodies](#) on the RTIPPA website.

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ABOUT YOU:

Title	Last name	First name
Name of company or organization <i>(where applicable)</i>		
Mailing Address		
City or Town	Province	Postal Code
Contact Information <i>(telephone #, facsimile #, cellular #. E-mail, etc.)</i>		

ABOUT YOUR REQUEST:

1. Whose Information do you want to correct? Please check one

- Your own personal information
- Another person's Information *(Please attach proof that you can legally act for that person. For your convenience there is a Proof of Authority Form available on the [RTIPPA website](#).)*

2. To which public body are you making your request? *(Please fill in the name of the organization; you may consult the [Directory of Public Bodies](#) on the RTIPPA website for contact information)*

ABOUT THE INFORMATION YOU WANT TO CORRECT:

1. What personal information needs to be corrected? *(Please provide as much detail as possible. Be sure to give the complete name that is in the records and any identifying number related to the records in question.)*

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2. What correction(s) do you want to make and why? *(Please attach any documents that support your request.)*

YOUR SIGNATURE:

Signature	Date
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WHERE TO SEND YOUR REQUEST:

Send your request to the head of the public body that you believe has the records you want corrected.

For contact information, consult the [Directory of Public Bodies](#) on the RTIPPA website.

FOR PUBLIC BODY USE ONLY:	
Date Received	Comments
Request Identification Number	

Option to Print