

Form 2: Request for Correction of Personal Information

Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 25(1)

TO: _____

(Address to the IAP Administrator or to the Deputy Minister of the public body where the record is filed or deposited).

1. This is a request pursuant to the *Freedom of Information and Protection of Privacy Act* for correction of personal information.

2. The details of the personal information requested to be corrected are as follows:

(a) name as appearing on personal information to be corrected:

_____;

(b) department or institution maintaining personal information:

_____;

(c) name of record:

_____;

(d) description of personal information to be corrected:

_____.

3. The correction requested is as follows:

Date: _____

Signature of Requester:

Print Full Name of Requester:

Mailing Address of Requester:

(Street/Apartment No./R.R. No.)

(Community/County)

(Postal Code) _____

Telephone Numbers of Requester:

(Residence) _____ (Business/Cell) _____

Fax Number of Requester: _____

For office use only

Date Received: _____ Request No. _____

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Comments to: IAPServices@novascotia.ca