

Form 2
Request for Correction of Personal
Information Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 25(1)

(Address to the Deputy Minister or senior administrative officer of the public body where the information is filed or deposited.)

TO: Selena Henderson
Corporate Secretary/In-House Counsel
Halifax Regional Centre for Education 33
Spectacle Lake Drive
Dartmouth NS B3B 1X7
Email: iap@hrce.ca

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) last name appearing on personal information to be corrected: _____;

(b) department or institution maintaining personal information: _____;

(c) name of personal information bank or 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)

Fax Number of Requester: _____

For office use only

Date Received _____ Request No. _____