



## Request to Correct Personal Information

### About you

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Last Name	First Name
Name of company or organization (if applicable)		
Mailing Address		
City or Town	Province	Postal Code
Phone	Email	

### About your Request

Whose information do you want to correct?

- ☐ Your own personal information  
☐ 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 do you want to make and why? Please attach any documents that support your request.


### Your Signature

Signature	Date
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Please forward your request to: Access and Privacy Office, AD111, 2500 University Drive NW, Calgary, AB T2N 1N4, OR by email to [accessandprivacy@ucalgary.ca](mailto:accessandprivacy@ucalgary.ca), OR by fax to (403) 210-9635.

<b>FOR OFFICE USE ONLY</b>	
Date Received	Request No.

The personal information collected through this Request to Access Information 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 University of Calgary Access and Privacy Office at [accessandprivacy@ucalgary.ca](mailto:accessandprivacy@ucalgary.ca).

## How to Complete this Form

You can correct information in many public body records without making a request under the FOIP Act. To determine whether you need to make a request under the Act or if you need help completing the form, contact the FOIP Coordinator.

### 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 FOIP Coordinator.