



## Access / Correction Request

### Municipal Freedom of Information Protection of Privacy Act

***\$5.00 administration fee to be paid upon submission of request***

Request for:

- Access to General Records
- Access to Own Personal Information
- Correction of Own Personal Information

**YORK REGION DISTRICT SCHOOL BOARD  
60 WELLINGTON STREET WEST, Box 40  
AURORA, ONTARIO, L4G 3H2**

#### Details

**First Name**

**Last Name**

**Business/Organization Name**

**Street Address**

**City or Town**

**Province**

**Postal Code**

**Daytime Telephone Number**

**Email Address**

**Detailed description of requested records or personal information to be corrected: (Please be specific as to date range, owner of records, etc.)**

**Preferred Method of Access**

- Examine Original
- Receive Copy

**Signature**

**Day Month Year**

#### For Board Use Only

**Date Received**

**Comments**

**Request Number**

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 Information Asset Services at The Education Centre- Aurora (905) 727-3141 (905) 727-0022 Ext. 2015

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