Access / Correction Request

Municipal Freedom of Information Protection of Privacy Act

$5.00 administration fee to be paid upon submission of request (Payment by cheque, Visa or Mastercard)

Type of Request: ☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction of Own Personal Information (****No administration fee***)	YORK REGION DISTRICT SCHOOL BOARD 60 WELLINGTON STREET WEST, Box 40 AURORA, ONTARIO L4G 3H2 Email: information.access.privacy.protection@yrdsb.ca

Requestor Information (To be completed by your/requestor)

First Name:	**Last Name:**	**Business/Organization Name:**
Address: (Unit/Apt. Number, Street, P.O. Box)	**City/Town**	**Province**
Postal Code	**Telephone Number:**	**Email Address:**

Time Period of Records Requested:

From: (Day	**Month**	**Year)**		**To: (Day**	**Month**	**Year)**

Detailed Description of Records or Correction Requested

Detailed description of requested records or personal information to be corrected: (Please be specific as to date range, owner of records, type of records etc.) If you require more space, please attach a separate sheet of paper to this form. When requesting personal information records, please provide the name as it currently appears on file.

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Preferred Method of Access ☐ **Examine Original** ☐ **Receive Copy**	**Signature of applicant:**	**Date of Request: (dd/mm/yyyy)**

For Board Use Only

Date Received:	**Comments:**	**Request Number:**

Personal information on this form is collected and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C.M. 36 and will be used for the purpose of responding to your request. Questions about the collection and use of your personal information should be directed to the Records Management Officer at 60 Wellington Street, Aurora, Ontario L4G 3H2 or (905) 727-0022 Ext. 2391.

February 2026