



## REQUEST CORRECTION OF PERSONAL INFORMATION

*This form is used by an applicant to request the correction of personal information contained within college records*

### 1. REQUEST INFORMATION

To Which Public Body Are You Making Your Request

College of the North Atlantic

### 2. APPLICANT'S PERSONAL INFORMATION

Applicant Name:

Address:

Postal Code:

Daytime Phone #:

Fax #:

Email:

### 3. Correction of Personal Information Being Requested

What Information Are You Requesting? *(Please check one)*

Correction of my personal information

Correction of another person's personal information (attach *Proof of Authority*)

### 4. I wish to correct the following information *(Please be specific and attach additional pages if required):*



## Privacy Notice

The personal information that you provide to College of the North Atlantic is collected under the authority of the *College Act, 1996* and the *Access to Information and Protection of Privacy (ATIPP) Act, 2015*. The Office of Access to Information and Protection of Privacy is collecting your personal information to process your request for correction of personal information. The college uses your personal information to respond to your request for correction of personal information, to respond to investigations or complaints submitted to the Office of the Information and Privacy Commissioner, and to respond to referrals made to the Supreme Court Trial Division. The college may also use this information for institutional planning and research, training, planning, evaluation, audit, and management reporting purposes. The personal information you provide on this form may be disclosed to authorized college employees who require this information to carry out their official college duties in order to respond to your request, and with the Office of the Information and Privacy Commissioner (OIPC) and/or the Supreme Court Trial Division who may require this information to administer investigations or complaints submitted to the OIPOC or referrals made to the Supreme Court Trial Division.

Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the *ATIPP Act, 2015*, and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Access and Privacy Coordinator, Office of Access to Information and Protection of Privacy, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-7912, atipp@cna.nl.ca.

***I have read and understand the Privacy Statement above and consent to the collection, use, and disclosure of this personal information.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### OFFICE OF ATIPP USE ONLY

Date Received (YYYY-MM-DD):

Case File Number:

### INSTRUCTIONS

***Please:***

- Describe the records or information you are seeking to correct in as much detail as possible.
- If you are requesting the correction of personal information on behalf of another individual, you must complete a Proof of Authority form. Please attach a completed Proof of Authority to this application form.
- Send or deliver this form to College of the North Atlantic's Office of ATIPP.
- Please keep a copy for your records.
- The *ATIPP Act, 2015*, may be viewed in its entirety at <http://www.assembly.nl.ca/legislation/sr/statutes/a01-2.htm>.