

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

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

**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. \_\_\_\_\_