

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

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

TO: Selena Henderson  
Corporate Secretary  
Halifax Regional School Board  
  
33 Spectacle Lake Drive, Dartmouth, NS B3B 1X7

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. \_\_\_\_\_