

## Municipal Freedom of Information & Protection of Privacy (MFIPPA) Access/Correction Form

Please note: a \$5.00 non-refundable application fee is required for all requests.

PART A: To be completed in full by the Requestor								
Access to General Records		Directed to:						
		Freedom of Information Officer						
Access to Own Personal Information		Kawartha Pine Ridge District School Board						
Correction of Own Personal Information		1994 Fisher Drive						
		Peterborough, ON K9J 7A1						
If your request is for access to, or correction of your own personal information records, indicate if the last name appearing on the								
record is the same as below. Please note: government issued photo identification is a requirement for personal information								
requests. You may include a photocopy with	th your form, or proof	of identity can be veri	fied in person.					
Requester Details								
Last Name	First Name	Middle Name						
Address		Name of company or	organization (if applicable)					
City or Town								
Postal Code			ime) Email Address					
Detailed description of requested records,	personal information r	ecords or correction o	f personal info	ormation: (if requ	lest is for			
correction of personal information, please indicate the desired correction and attach any supporting documentation)								
	1		1					
Preferred method of Access to	Signature:		Date Requested:					
Records:			Day	Month	Year			
Receive Copy								
Examine Originals (on-site only)								

PART B: For Office Use Only								
Date Received (with \$5.00 application fee)		Date Information Provided:						
Day	Month	Year	Day	Month	Year			
Request Number:								
Comments:								
Personal information contained on this form is collected under section 17 of the Municipal Freedom of Information and Protection of Privacy Act,								
and will be used for the purpose of responding to your request.								