



## SECTION D: DESCRIPTION OF RECORDS

Please provide as much detail as possible about the request, personal information or personal information to be corrected. **Specify the time period for the records as precisely as possible.** Attach a separate sheet of paper if additional space is needed. If you are requesting access to your own personal information, please include all previous names and your date of birth. Please identify the information bank or record containing the personal information you are requesting, if known.

**Note:** If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made, and you may require that a statement of disagreement be attached to your personal information.

## SECTION E:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date (yyyy/mm/dd)

Personal Information contained on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Privacy Office at 519-749-4275 or [privacy@wrhn.ca](mailto:privacy@wrhn.ca)