

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

TO: **Carla Heggie, IAP Manager**
Information Access & Privacy Section
NS Labour & Workforce Development
PO Box 697
Halifax, Nova Scotia B3J 2T8

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Fax: (902) 424-6925
LWDaccess@gov.ns.ca

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: **NS Labour & Workforce Development**

;

(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 _____

Cell _____

For office use only

Date rec'd: _____

Application # LWD-_____