



Limestone District School Board
220 Portsmouth Ave., Kingston, ON K7M 0G2
P: 613-544-6920 | F: 613-544-6804
TF: 1-800-267-0935 | TTY: 613-548-0279
www.limestone.on.ca

Freedom Of Information
REQUEST FORM

Please Note: A \$5.00 application fee is required for all requests

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Name of institution request made to: _____ _____
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If request for access to, or correction of, own personal information records: Last name appearing on records: <input type="checkbox"/> same as below, or: _____
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<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss Last Name: _____ First Name: _____ Middle Name: _____ Telephone Number Day: _____ Evening: _____ Email: _____	Address: _____ (Street/Apt. No./P.O. Box/R.R. No.) _____ City/Town Province _____ Postal Code
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Form 101
Freedom of Information Request



Detailed description of requested records, personal information or personal information to be corrected. Please attach additional sheet(s) as necessary. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, 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.

<p>Preferred method of access to records:</p> <p><input type="checkbox"/> Examine Original</p> <p><input type="checkbox"/> Receive Copy by mail</p> <p><input type="checkbox"/> Receive copy thru email</p>	<p>Signature:</p> <hr/>	<p>Date:</p> <hr/>
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For Institution Use Only		
<p>Date Received:</p> <hr/>	<p>Request NO.</p> <hr/>	<p>Comments:</p> <hr/>

Personal Information contained on this form is collected pursuant to the Freedom of Information & Protection of Privacy Act/Municipal Freedom of Information & 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 Freedom of Information Coordinator at the institution where the request is made.