



Adoptive Families Association of BC
PERSONAL INFORMATION CORRECTION FORM

**This form must be completed in full and mailed to:
 Privacy Officer**

Adoptive Families Association of BC
 200-7342 Winston Street, Burnaby, B.C. V5A 2H1
 or **Fax** to the attention of **Privacy Officer** at **604-320-7330**

DATE (dd/mm/yy):

APPLICANT PERSONAL INFORMATION

Last name:	First name:
Address:	
Phone:	e-mail:

CORRECTION DETAILS

Please describe the correction you are requesting. Be as specific as possible, as this will assist the request process. Specify any reference or file number, if known. Attach a separate page if needed.

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Are you requesting correction of another person's personal information? Yes No

If so, please attach either

- a) that person's signed consent for disclosure, or
- b) a proof of authority to act on that person's behalf

APPLICANT SIGNATURE

FOR AFABC ONLY	
Request No.	Date received (dd/mm/yyyy)

PRIVACY STATEMENT

The personal information you provide in this form is collected in compliance with **AFABC** Privacy Policy. **AFABC** will use it exclusively to correct your personal information. If you have any questions, please our Privacy Officer.