



## CLBC – Request to Change or Correct Personal Information

Personal information on this form is collected under S.26 of BC's Freedom of Information and Privacy Protection Act (FOIPPA) and used to answer your request. Please allow a minimum of 30 business days for CLBC to complete the change. If you have any questions about this form or about changing personal information held by CLBC, please contact the Privacy Officer at 1-877-660-2522 (toll free) or email [PrivacyOfficerCLBC@gov.bc.ca](mailto:PrivacyOfficerCLBC@gov.bc.ca).

### **How to use this form:**

- 1) Fill out your information in PART 1.
- 2) If you are changing someone else's information, fill out PART 2.
- 3) Tell us about the information that you want changed in PART 3.
- 4) Sign and date the form.
- 5) To submit your form and any supporting documents to CLBC:
  - drop off the form in person or send by mail to your local CLBC office; or
  - mail the form to the CLBC Privacy Officer at:  
7th Floor, Airport Square, 1200 – West 73rd Avenue, Vancouver, BC V6P 6G5; or
  - fax the form to 604-664-0765, attention "Privacy Officer".

### **PART 1: Your contact information**

Last name:

First name:

Your date of birth (Year, Month, Day):

Phone number during day:

Other telephone number where you can be called (if you have one you want to give):

Email address (if you have one you want to give):

Are you requesting changes or corrections to someone else's personal information?

- If YES. Go to PART 2.
- If NO. Go to PART 3.

## **PART 2: Changing someone else's personal information**

Requests to change someone else's information are not allowed unless you have the authority to access the information. If you have not previously done so, please submit a copy of the Representation Agreement or Committeeship order (a court-appointed guardian) or written consent signed by the individual using the options provide under "**How to use this form**" on page 1.

Yes. I will provide a copy of the legal representation or consent document.

Fill in the information of the person whose information you wish to change or correct.

Last name of person:

First name of person:

Person's date of birth (Year, Month, Day):

## **PART 3: Information to be changed or corrected**

Describe the information you want changed. Give the new, updated information. Ask for your local CLBC office for help if you are not sure what information fits your request.

### **Sign and Date:**

Name: \_\_\_\_\_ Signature (if filling out printed form): \_\_\_\_\_

Date: \_\_\_\_\_