

Request Form

under the *Freedom of Information and Protection of Privacy Act*/
Municipal Freedom of Information and Protection of Privacy Act

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

Request for: <input checked="" 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: LAMBTON KENT DISTRICT SCHOOL BOARD (LKDSB)
--	--

If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: same as below, or: _____

Mr. Mrs. Ms. Miss Last Name: _____

First Name: _____ Middle Name: _____

Address: (Street/Apt. No./P.O. Box/R.R. No.) City/Town: _____

Province: ON Postal Code: _____

Telephone Number (Day): (519) _____ Telephone Number (Evening): (519) _____

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

Please provide any records, reports, memos, or communications since 2005 concerning health and safety evaluations of electromagnetic radiation, Wi-Fi or other wireless technologies used in classrooms or educational facilities administered by LKDSB. This includes any correspondence between Ministries, ICNIRP, or provincial health officers referencing EMF/EMR safety for children and pregnant teachers for the time period before installations to today.

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.

Preferred method of access to records: <input type="checkbox"/> Examine Original <input checked="" type="checkbox"/> Receive Copy	Signature: _____	Date: _____
--	-------------------------	--------------------

For Institution Use Only		
Date Received:	Request Number:	Comments

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal 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