|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: | | | Date: | | |
| Correction Requested Date: Click or tap to enter a date. | | | Requestor: | | |
| Relationship of Requestor: | | | Supporting Legal document(s) for the change has(ve) been enclosed. | | |
| Reason for Request: | | | | | |
|  | | | | | |
| **Current Student Information:** | | | | | |
| Student Legal - First Name       Middle Name:       Last Name: | | | | | |
| Student Preferred Name (if applicable): | | | | | |
|  | | | | | |
| **Requested Correction/Update to:** | | | | | |
| **Student Legal** **Name\*** - First Name       Middle Name:       Last Name:  *\*Legal documentation required* | | | | | |
| **Student Preferred Name**: First Name: | | | | | |
| **Student Legal Address 1** | | | | | |
| Street Address | | | | | |
| City | Province | | | Postal Code | |
| **Student Legal Address 2**  *\*Legal documentation required* | | | | | |
| Street Address | | | | | |
| City | Province | | | Postal Code | |
|  | | | | | |
| **Parent/Legal Guardian Correction/Update**  Parent/Legal Guardian Name  Add Parent/Legal Guardian to Student Account  Remove Parent/Legal Guardian from Student Account  Parent/Legal Guardian Name Change  Access to Student Data Changed  Other  Details of Change:    *\*Legal documentation required or evidence of error requiring correction* | | | | | |
| **Requested Correction to Record Content** | | | | | |
| Name of Record: | | Location of Record: | | | Record Date:  Click or tap to enter a date. |
| Change to Record (Explanation and/or Support for the Change) | | | | | |

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| --- | --- | --- |
| I understand that all corrections and updates shown above will take effect as of the requested date.  All changes require supporting documentation.  RVS assumes no liability for corrections and updates made, following the directions provided by the child’s parent/guardian and with the legal document verification (evidence) that has been provided and is enclosed.  I understand that this form and information will be retained with the student file until the file is eligible for destruction in accordance with the School Division’s policies and procedures.  I understand that both Parent/Legal Guardians (if there are two) will be required to sign off on this correction/update. | | |
| Parent/Legal Guardian or Adult/Independent Student Name | Date: | Parent/Legal Guardian or Adult/Independent Student Signature |
| Parent/Legal Guardian or Adult/Independent Student Name | Date: | Parent/Legal Guardian or Adult/Independent Student Signature |

*Please submit completed form to the school Principal. No changes will be made without the proper documentation.*

*Office Use Only*

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| --- | --- | --- |
| *Received by:* | *Date:* | *Signature:* |
|  |  |  |
| *Principal Name:* | *Date:* | *Principal Signature:* |
|  |  |  |
| *Changes Made by:* | *Date:* | *Signature:* |
|  |  |  |

*Reference:*

* AP180 FOIP – Requests for Access to Information or Correction of Personal Information
* AP207 Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions