

## How to Complete a Request to Correct Personal Information Form

### About You

Enter your first name, last name, your complete mailing address, your daytime and evening phone numbers, date of birth and sex. SLGA may need to contact you if there are any questions about your request. If you have a fax number or email address where correspondence can be sent, enter them in the spaces provided.

### About Your Request

Please check the appropriate box to indicate the Division to which you are making the request.

Whose information do you want to correct? If you want your own personal information corrected you will have to provide proof of your identity (a photocopy of your driver's license, birth certificate or passport).

If you are requesting the information of another person to be corrected you will have to provide proof that you have the authority to act for that person (proof that you are that person's guardian or trustee or that you have power of attorney for the person).

### About the Information You Want to Corrected

What records contain the personal information you want corrected? What correction do you want made, and what is incorrect about the information that is currently on the record? If you need more space, please continue your description on a separate piece of paper and attach it to this form.

If you are requesting a correction to your own personal information, ensure you give your full name, any other names that you might have used on the records and any identifying number.

If you are requesting a correction to someone else's personal information, please give the person's full name, any other name the person may have used on the records and any identifying numbers for the person, if known.

### Your Signature

Sign and date the form and send it to SLGA's Freedom of Information Coordinator by either:

Fax: 306-787-8439

Email: [inquiry@slga.gov.sk.ca](mailto:inquiry@slga.gov.sk.ca)

Mail: Freedom of Information (FOI) Coordinator  
Senior Policy Analyst  
Corporate Services Division  
P.O. Box 5054  
2500 Victoria Ave  
Regina, SK S4P 3M3

**REQUEST TO CORRECT PERSONAL INFORMATION**

**About You**

The information requested is to help Saskatchewan Liquor and Gaming Authority (SLGA) verify your identity and find data about you to make the corrections that you have requested.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (please circle): Female Male

Mailing Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**About Your Request**

If known, for which Division are you making the request?

Corporate Services  Liquor Store Operations  Partnerships & Supply Management   
Performance Management  Regulatory Services

Whose information do you want to correct?

Your own personal information?  (Please provide proof of identity)

Another person's information?  (Please provide proof that you can legally act for the person)

**About the Information You Want to Access**

What records contain the personal information you want corrected? What correction do you want made and what is incorrect about the information on the record? Please give as much detail as possible and be sure to give the complete name that is in the records if it is different from the name given above.

**Your Signature**

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

SLGA will retain the personal information on this form only as long as it is necessary to fulfill the purposes for which it was collected and in accordance with approved mandatory retention policies and schedules established with cooperation of the Saskatchewan Archives Board under *The Saskatchewan Archives Act*.

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**For SLGA Office Use Only**

Date Received: \_\_\_\_\_ Request Number: \_\_\_\_\_