



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 E-mail 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.

Freedom of Information (FOI) Coordinator
Nelson Bryksa, Senior Policy Analyst
Policy and Planning Division
9th Floor, 2500 Victoria Ave
Regina, SK S4P 3M3



REQUEST TO CORRECT PERSONAL INFORMATION

About You

The information requested is to help 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: _____

Telephone (daytime): () _____ Telephone (evening): () _____

Fax number: () _____ E-mail address: _____

About Your Request

If known, which Division are you making the request?

- | | | | |
|-----------------------|--------------------------|--------------------|--------------------------|
| Retail Operations | <input type="checkbox"/> | Policy & Planning | <input type="checkbox"/> |
| Regulatory Compliance | <input type="checkbox"/> | Corporate Services | <input type="checkbox"/> |
| Gaming Operations | <input type="checkbox"/> | Human Relations | <input type="checkbox"/> |

Whose information do you want to correct?

- Your own personal information? (Please provide proof of your identity)
 Another person's information? (Please provide proof that you can legally act for the person)

About the Information You Want Corrected

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*.

For SLGA Office Use Only

Date Received: _____ Request Number: _____