|  |  |
| --- | --- |
| School: | Date: |
| Correction Requested 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*\*Legal documentation required* | Middle Name: | Last Name: |
| **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 NameAdd Parent/Legal Guardian to Student Account Remove Parent/Legal Guardian from Student Account Parent/Legal Guardian Name ChangeAccess to Student Data Changed OtherDetails 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) |

|  |
| --- |
| 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* *busops@rockyview.ab.ca**. Please note that no corrections will be considered without supporting documentation.*

*Office Use Only*

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

*The personal information on this form is collected under the authority of the Education Act and sections 4(a), 4(c) and 7 of the Protection of Privacy Act (POPA), for the purpose of correcting student information within the School Division’s file to ensure that it is accurate and correct.*

*Rocky View Schools will retain this information in accordance with its records retention schedule for the current school year, plus one year, unless an incident arises in relation to this form, in which case it will be retained until the student reaches 28 years of age.*

*If you have any questions about the collection or use of this information, please contact the Access to Information Coordinator at* *rvs-records@rockyview.ab.ca* *or (403) 945-4000.*

*Reference:*

* AP180 Access to Information and Protection of Privacy
* AP207 Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions