

Record Correction Request Form

Evangelical Mennonite Conference | 440 Main St, Steinbach, MB R5G 1Z5

Use this form to request corrections of the content of your information if you believe there are errors or omissions. Documentary proof may be requested before the corrections are effected. Please print clearly.

Full Name:

Mailing Address:

Date of Request:

Records Concerned and Corrections Requested:

Your request will be reviewed by the EMC Privacy Officer. If verified, the request will be completed and you will receive confirmation of the completion.

Requester Signature: _____

Please print document to sign. Form may be scanned and submitted to info@emconference.ca along with a photo ID, mailed to the EMC office with a copy of photo ID, or brought in person to the EMC office at the address above. Copies of photo ID will be destroyed once verified.

Office Use Only:

Request Verified By: _____

ID Provided: _____

ID Verified: _____

Information Gathered By: _____

Date Validated by Privacy Officer: _____

Date Confirmation Provided to Requester: _____

Corrections Made: