

CORRECTION REQUEST FORM
[Name of Church]

APPLICANT INFORMATION

Last name: _____ First Name: _____

Mailing Address: _____

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

e-mail: _____

What records need to be corrected? *(Please give as much detail as possible)*: _____

Are you requesting correction of another person's personal information? *(If so, please provide evidence that you can legally act for that person)*: _____

Date Received by *[Name of your Church]*: _____

Signature of Privacy Officer _____

Resolution: _____

Correction to records date: _____ Correspondence with individual _____