

Forward your completed form and any other documents either by mail to the Workers' Compensation Board – Alberta, Attention: FOIP Coordinator, P.O. Box 2415, Edmonton, AB T5J 2S5 or by fax to 780-498-4823 or by email to [privacy@wcb.ab.ca](mailto:privacy@wcb.ab.ca). For questions on how to complete this form, contact the FOIP Office at 780-498-3876 or email [privacy@wcb.ab.ca](mailto:privacy@wcb.ab.ca).

Applicant Information			
First name _____	Middle name or initial _____	Last name _____	
Company or organization (if applicable) _____			
Mailing address _____	City/Town _____	Province _____	Postal code _____
Phone number _____	Cell phone _____	Email address _____	
Name of Person Whose Information Is to Be Corrected			
<input type="checkbox"/> Same as above	First name _____	Middle name or initial _____	Last name _____
Date of birth _____	Identification number (e.g., claim file or employee number) _____		
Request information			
<b>Type of request</b>			
<input type="checkbox"/> This is a request for correction of my personal information.			
<input type="checkbox"/> This is a request for correction of someone else's personal information. Proof of your authority to act on behalf of another individual who is the subject of the personal information or a valid written consent from the individual who is the subject of the personal information must be attached.			
<b>Please clearly identify the record(s) you want corrected.</b> (If you have a copy of the record(s) you want corrected, please attach them to your request.)			
_____			
_____			
_____			
_____			
<b>What personal information do you want corrected?</b> (Be clear, concise and specific when you identify the information within the record(s) and clearly describe what you would like changed.)			
_____			
_____			
_____			
<b>What additional documentation do you have to support your request? Please list and/or attach.</b> (When you identify the information in the record(s) that you believe is wrong and/or where there is a mistake, please provide supporting documentation containing objective evidence that demonstrates where there is an error. A statement of personal opinion will not be considered as supporting documentation or objective evidence.)			
_____			
_____			
_____			
_____			
Your signature			
Signature _____	Date (yyyy-mm-dd) _____		

Personal information on this form is collected under section 33 of the Freedom of Information and Protection of Privacy Act and will be used to respond to your request. If you have questions about WCB's collection and use of your personal information, contact the WCB FOIP Coordinator either by mail to P.O. Box 2415, Edmonton, AB T5J 2S5 or by fax to 780-498-4823 or by email to [privacy@wcb.ab.ca](mailto:privacy@wcb.ab.ca).