

Please forward your completed form and any other documents either by mail to the Workers' Compensation Board–Alberta, Attention: Access to Information and Protection of Privacy (ATIPP) Office, P.O. Box 2415, Edmonton, AB, T5J 2S5, by fax to 780-498-4823, or by email to [atipp@wcb.ab.ca](mailto:atipp@wcb.ab.ca). For questions on how to complete this form, contact us at 780-498-3876 or by email at [atipp@wcb.ab.ca](mailto:atipp@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				
Type of Request				
<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.				
Please clearly identify the record(s) you want corrected. (If you have a copy of the record(s) you want corrected, please attach them to your request.)				
What personal information do you want corrected? (Be clear, concise, and specific when you identify the information within the record(s) and clearly describe what you would like changed.)				
What additional documentation do you have to support your request? Please list and/or attach. (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		

Personal information on this form is collected under section 4(c) of the Protection of Privacy Act and will be used for the purposes of responding to your request. If you have questions about WCB's collection and use of your personal information, contact us by mail at P.O. Box 2415, Edmonton, AB, T5J 2S5, by fax at 780-498-4823 or by email at [atipp@wcb.ab.ca](mailto:atipp@wcb.ab.ca).