



CRIMINAL RECORD CHECK CONSENT/REQUEST FORM

To: Chief of Police, or NCO i/c RCMP
I am requesting a criminal record check as part of my employment/contract service with Parkland College, 200 Block, 9th Avenue East, Melville, SK S0A 2P0.

Personal Information (to be completed by Applicant) - Part A

Name: _____
(Last) (First) (Middle)
Address: _____
(Street or P.O Box) (City/Town) (Province) (Postal Code)
Birthdate: _____ Birthplace: _____
(City or Town) (Province/State)
Position Applied For: _____ Vulnerable Sector Check Required Y N

Results of Check (to be completed by RCMP) - Part B

Police Report:

- A name check of police records reveals:
 - I. No criminal record . (check if applicable)
 - II. A possible criminal record that is being verified by a finger print submission . (check if applicable)
 - III. Vulnrable sector completed Y N
 - IV. The following criminal convictions or outstanding charges.

(Attach record if lengthy)

Date: _____
(Signature, Name and Position)

(Collator / Department Stamp)

(RCMP Detachment)

Consent for the Police to Release Criminal Record Information

I certify that I am subject for the above listed or attached criminal convictions or outstanding criminal charges that the record is accurate and I hereby authorize the police to disclose this record to Parkland College.

Applicant's Signature

Date

Verification of Check (to be completed by Parkland College- Human Resources) – Part C

Verified by: _____

Date

Signature: _____