



SASKATOON POLICE SERVICE

CRIMINAL RECORD CHECK

Last Name:		Given Name:		Middle Name(s):	
Maiden name and/or other last names used:		Date of Birth: (year/month/day)	Place of Birth:		Gender: Male / Female
Current Address: (must be a resident of Saskatoon)		Postal Code:	Home Phone:		Cell Phone:
Reason for Record Check: (please circle one) Adoption Employment Immigration Practicum Record Suspension Travel Volunteer Waiver Other					
Name of Organization requesting check:			Job/Volunteer Title:		
Two pieces of Government issued Identification: One must be a <u>valid</u> photo 1. ID Type & #: _____ 2. ID Type & #: _____					

If your position is a paid or volunteer position and you will be in contact with children, elderly and/or persons with disabilities please read and complete the following consent (e.g. teacher, coach, foster parent, nurse, care giver.)

1. CONSENT FOR PERSONS APPLYING FOR POSITIONS WITHIN THE VULNERABLE SECTOR:

- a) Description of the volunteer or paid position: _____
- b) Provide details regarding the vulnerable person(s): _____

I understand and consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been found guilty or convicted of, and/or have been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization by the Saskatoon Police Service.

Dated this ____ day of _____, 20__ Signature: _____

2. WAIVER FOR CONSENT OF RELEASE OF INFORMATION TO A THIRD PARTY:

I consent to the release of any and all information contained from available records to the below authorized person or Organization.

Name of person or Organization: _____

Dated this ____ day of _____, 20__ Signature: _____

3. STATEMENT OF CONSENT:

I understand and consent to a search of all records available at the time the search is conducted; including charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository and local records available to the Saskatoon Police Service. I understand that if a possible record exists it will not be disclosed until Identification has been confirmed by either myself or fingerprints.

Dated this ____ day of _____, 20__ Signature: _____

BELOW FOR POLICE USE ONLY

KO #:	FPS #:	Key #:	CPIC:
Receipt #:	Amount: n/c / \$10 / \$35 / \$70 / \$95		# Copies:
Type:	M/O or P/U	Confirmed by:	Date: