



CRIMINAL RECORDS REVIEW PROGRAM

Application to request to share the results of a previous criminal record check with the Criminal Records Review Program

Forward a copy of the form to the Criminal Records Review Program by mail, fax or email. MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1, FAX the consent form to: 250-953-0408, or E-Mail the consent form to criminalrecords@gov.bc.ca

APPLICANT INFORMATION

Legal Surname / Last name: Legal Given / First Name: Legal Middle Name: Date of Birth: Gender: Birthplace: Additional Names (Alias, Maiden Name, etc.): Surname / Last Name: Given / First Name: Middle Name: Residential Address: City: Province: Country: Postal Code: Mailing Address (If different from above): City: Province: Country: Postal Code: Contact Area Code & Phone No. Driver's Licence #:

ORGANIZATION INFORMATION

Organization that I have already completed a criminal record check for under the Criminal Records Review Program (CRRP):

Organization Name: ID Number (Provided by the CRRP): Office Area Code & Phone No: Mailing Address: City: Province: Country: Postal Code:

Organization that I request to share the results of my previous criminal record with:

Organization Name: Organization Contact Name or Title: ID Number (Provided by the CRRP): Mailing Address: City: Province: Country: Postal Code: Office Area Code & Phone No:

Works With (Select ONE default category of Criminal Record Check to be performed for your organization):

Children or Vulnerable Adults or Children and Vulnerable Adults

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

I understand to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years through the Criminal Records Review Program and the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults. I confirm I have completed a criminal record check within the past five years with the Criminal Records Review program which did not result in a determination of risk to children and/or vulnerable adults as defined in the Criminal Records Review Act. I understand no details will be disclosed to my organization, only the result. I hereby consent to share the result of the completed check with the above indicated organization. I understand that if the registrar determines I do not have criminal record check to share according to the above criteria, I will be promptly notified. I understand that within 5 years of the date of this criminal record check verification authorization, should the Criminal Records Review Program make a determination that I pose a risk to children and/or vulnerable adults, the Deputy Registrar will promptly provide notification to me and to the persons and entities (organizations) identified in the criminal record check verification authorization.

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act section 6.1 and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). The information provided will be used to fulfil the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185.

Phone: toll-free 1-855-587-0185 (Option 2) Fax: 250-953-0408 Email: criminalrecords@gov.bc.ca Website: http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check

Ministry of Public Safety and Solicitor General Criminal Records Review Program Policing and Security Programs Branch, Security Programs Division PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1