



Request for Copy of Criminal Record Check (CRC)

STUDENT INFORMATION	
Student Number:	Student Name:
Phone Number:	Date (DD/MM/YY):
Program Student Enrolled In:	
Reason for Request (e.g. practicum, personal, work):	
Pick Up (Select One): <input type="checkbox"/> Coquitlam <input type="checkbox"/> New Westminster	
IMPORTANT INFORMATION	
<ul style="list-style-type: none"> ▪ Government picture ID <u>MUST</u> be presented when both requesting the CRC and when receiving the copy. ▪ The CRC documents can be released to the student only. ▪ Two (2) copies are provided in a sealed envelope; please keep one in order to make future copies. ▪ Please allow 2-3 business days for processing of copies. 	
PART ONE – CONSENT FOR RELEASE OF CRC	
Date Request Received: Enrolment Services	Signature of Student Requesting CRC: _____
PART TWO – RECEIPT OF CRC	
Date CRC Received by Student: Enrolment Services	Signature of Student Receiving CRC: _____

Collection Notice
 Your personal information is collected by Douglas College under the authority of Section 27 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process your Consent to a Criminal Record Check. Questions about the collection of this information may be directed to the Associate Registrar, Admissions at 604-527-5358 or email reg_admin@douglascollege.ca.