



Request for Copy of Criminal Record Check (CRC) to be Sent Electronically

STUDENT INFORMATION		
Student Number:	Student Legal Name:	Student Preferred Name:
Phone Number or Email:		
IMPORTANT INFORMATION		
<ul style="list-style-type: none"> Government issued picture ID <u>MUST</u> be presented when completing and signing this form. The name on your ID must match your name on student account, documents, and this form. Please allow 3-5 business days for processing of copies. 		
CONSENT FOR RELEASE OF CRC ELECTRONICALLY		
<p>I, _____, hereby authorize an electronic copy of my criminal record check to be sent to: (print your full name)</p> <p>_____ at the email _____ (print name of authorized individual or practicum site) (print email address)</p> <p>I am aware that my criminal record check may contain personal information and information related to my student record.</p>		
Student Signature:	Date (DD/MM/YY):	

Date Received:

Enrolment Services

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 Request for Copy of 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.