

Date: _____

Attention: Ontario Provincial Police Service	
RE: REQUES	T FOR POLICE VULNERABLE SECTOR CHECK
As the authorized	d representative of St. Clair College responsible for the well- being of one or
more children or vulnerable persons, in long-term care, acute care, community care facilities,	
childcare, daycar	re, or schools as defined in section 6.3(1) of the Criminal Records Act, I hereby
request that Onta	ario Provincial Police Service conduct a Police Vulnerable Check, pursuant to
section 6.3 of the	Act, with respect to the following individual. In addition, vulnerable sector
screening is requ	ired, as the Diagnostic Medical Sonograhy student may be accessing client
charts, and providing direct client care to newborns, children, and elderly patients.	
☐ Paid Position	☐ Volunteer ☐ Student/Other
Name:	
Address:	
Date of birth:	
Name/Title:	Corrin Brimeau, Chair School of Nursing
Signature	
	Biagio Lattuca, Chair School of Community Studies
Signature	Dr. Stephanie De Franceschi, Chair School of Health Sciences
Signature	Wh. Attacheria Mestram eder
Agency:	St. Clair College 2000 Talbot Road West Windsor,