

Date: _____

Attention: Ontario	Provincial Police Service	
RE: REQUES	T FOR POLICE VULNERABLE SECTOR CHEC	CK
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 car	re, 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 V	ulnerable Check, pursuant to
section 6.3 of the	Act, with respect to the following individual. In a	addition, vulnerable sector
screening is requ	rired, as the Medical Laboratory Technician stude	ent may be accessing client
charts, and provide	ding direct client care to newborns, children, and	elderly patients.
☐ Paid Position Name:	☐ Volunteer	Student/Other
Address:		
Date of birth:		
Name/Title:	Corrin Primeau, Chair School of Nursing	
Signature		
Signature	Biagio Lattuca, Chair School of Community Studies Br. Stephanie De Franceschi, Chair School of Heal	
Signature	Wh. Stocher Destrance	
Agency:	St. Clair College 2000 Talbot Road West Windsor, Ontario N9A 6S4	