



ST. CLAIR

C O L L E G E

Date: _____

To: Ontario Provincial Police

RE: REQUEST FOR POLICE VULNERABLE SECTOR CHECK

As the authorized representative of St. Clair College, that is responsible for the well-being of one or more children or vulnerable persons, as defined in section 6.3(1) of the Criminal Records Act, I hereby request that the Ontario Provincial Police Service conduct a Police Vulnerable Check, pursuant to section 6.3 of the Act, with respect to the following individual for the position of student nurse/PSW

Paid Position

Volunteer

Student/Other

Name: _____

Address: _____

Date of birth: _____

Name/Title: Monica Staley Liang
Chair, School of Nursing
Dean, School of Health Sciences and School of Nursing

Agency: St. Clair College
2000 Talbot Road West
Windsor, Ontario N9A 6S4

Signature: