



CRIMINAL RECORD CHECK

SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus
Saskatchewan St and 6th Ave NW
PO Box 1420
Moose Jaw SK S6H 4R4

SASKATCHEWAN POLYTECHNIC
Prince Albert Campus,
Technical Building
PO Box 850
Prince Albert SK S6V 5S4

SASKATCHEWAN POLYTECHNIC
Regina Campus
4500 Wascana Pky
Regina SK S4S 5X1

SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.
1130 Idylwyld Dr N
PO Box 1520
Saskatoon SK S7K 3R5

FOR SUBMISSION TO LOCAL POLICE SERVICE OR R.C.M.P. DETACHMENT AND RETURN TO SASKATCHEWAN POLYTECHNIC

PROGRAM INFORMATION (to be completed by program faculty or applicant/student)

Program Name	
Contact Person	Phone Number (Area code required)

This Criminal Record Check is required for the purpose of: (Check those that apply to this program)

- Admission to the program Practicum or Work Experience Employment

This student will have in his or her care: (Check those that apply to this program)

- Children Elderly Persons Mentally Challenged Persons Money Other _____

NOTE: If required, fingerprint verification can take up to 120 days. Initiate the required Criminal Record Check as early as possible.

APPLICANT/STUDENT INFORMATION

NOTE: You are required to report changes to documented offences and offences that occur after submitting a Criminal Record Check. Failure to do so is grounds for immediate dismissal from a Saskatchewan Polytechnic program.

Surname (last name)	First Name
Middle Name	Other (if applicable)
Apt. Number, Street, Box Number	City or Town
Province	Postal Code
Date of Birth (Day, Month, Year)	Birthplace (City, Prov/State, Country)

Applicant/Student Signature

Date

CRIMINAL RECORD CHECK RESULTS (to be completed by Police Service or R.C.M.P. Detachment)

Note that a photocopy of this form will not be accepted

A name check of Police or R.C.M.P. records reveals:

- No criminal record
 A potential criminal record that is currently being verified by a fingerprint check
 The following criminal convictions or outstanding charges (attach record if space provided is not sufficient)

Officer Signature

Date (Day, Month, Year)

Printed Name

Position

Service/Detachment Stamp

Police Service or R.C.M.P. Detachment

- Note: A Criminal Record Check request must be made in person Check local service/detachment hours
 Two pieces of I.D. will be required (i.e. Birth Certificate/Driver's License) Submit this form as proof of request