



FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION **IN PERSON** TO REGISTRAR AND INFORMATION SERVICES ON AN SFU CAMPUS. NOTE: A \$20 PROCESSING FEE IS REQUIRED.

SCHEDULE TYPE: A B C D E F **WORKS WITH:** children vulnerable adults children and vulnerable adults
Schedule B: is for an individual who is 1) applying for membership or is a registered member of a B.C. governing body or 2) is applying for, or has certification, or a letter of permission to teach through the Office of Inspector or Independent Schools, B.C. Ministry of Education, or 3) is a registered student in a post secondary program with a practicum component involving working with children and/or vulnerable adults.

CHECK NECESSARY DUE TO ENROLMENT IN (course, e.g., CRIM 100): _____ **DEPARTMENT** (e.g., Criminology) _____

STUDENT INFORMATION SFU student # _____ SFU email _____@sfu.ca

Last name _____ Full first name _____ Full middle name(s) _____

Birth date _____ Gender: Male Female Birth place _____
(yyyy/mm/dd) (city, province/state, country)

Telephone number _____ B.C. driver's licence number _____

All other names you use or have used (e.g., maiden name, birth name, or previous marriage name)

Last name _____ First name _____ Middle name(s) _____

Last name _____ First name _____ Middle name(s) _____

Last name _____ First name _____ Middle name(s) _____

Mailing address (unit number, street number, street name) _____

City _____ Province _____ Country _____ Postal code _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The information on this form is collected under the authority of the Criminal Records Review Act and, in the case of child care facilities, under the Community Care Facility Act, and under the regulations which govern both these Acts and the University Act. The information provided will be used to fulfill the requirements of the Criminal Records Review Act. Any question about the collection and use of this information by Simon Fraser University should be addressed to the Associate Registrar, Information, Records and Registration, 778.782.3296.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT OF UNDERSTANDING

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act.
- I hereby authorize the release to the BC Ministry of Public Safety and Solicitor General any documents in the custody of the police, the court and crown counsel relating to a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The BC Ministry of Public Safety and Solicitor General will notify me and Simon Fraser University that I have a conviction or outstanding charge for any relevant or specified offence(s) and the matter has been referred to the BC Ministry of Public Safety and Solicitor General.
- The BC Ministry of Public Safety and Solicitor General will determine whether or not I present a risk to physical or sexual abuse to children or physical, sexual or financial abuse to vulnerable adults as applicable.
- The BC Ministry of Public Safety and Solicitor General's determination will be disclosed to Simon Fraser University and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to Simon Fraser University and provide Simon Fraser University, in a timely manner, with a new signed Consent to a Criminal Record check form.

I HAVE READ AND UNDERSTAND THE CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGE MY UNDERSTANDING.

I HEREBY CONSENT TO THESE TERMS AS INDICATED BY MY SIGNATURE BELOW:

Student signature _____ Parent/Guardian _____ Date signed _____
signature if student under 19 years of age

SIMON FRASER UNIVERSITY USE ONLY

Verification of government-issued photo identification Verification of secondary identification Required \$20 fee paid by student
\$20 Fee Receipt # _____ Applicant Service # _____