

Date: ____

Attention: F	Peel Regional Police S	ervice		
RE: RE	E: REQEUST FOR POLICE VULNERABLE SECTOR CHECK			
As the auth	norized representative	of St. Clair College responsibl	le for the well- being of one or	
more child	ren or vulnerable perso	ons, in long-term care, acute c	are, community care facilities,	
childcare, o	daycare, or schools as	defined in section 6.3(1) of the	e Criminal Records Act, I hereby	
request that	at Peel Regional Police	e Service conduct a Police Vul	nerable Check, pursuant to	
section 6.3	of the Act, with respe	ct to the following individual. Ir	addition, vulnerable sector	
screening i	s required, as the stud	lent may be accessing client c	harts, and providing direct client	
care to nev	vborns, children, and e	elderly patients.		
☐ Paid Po	osition 	☐ Volunteer	⊠ Student/Other	
Address	s:			
Date of birth:				
Name/Title: Monica Staley Liang, Dean School of Health Sciences & Nursing				
Signature	House	Jaley Franz		
Signature	B. Jat	hair School of Community Studies		
Signature	1 11	i ale Francisch		
Agency:	St. Clair College 2000 Talbot Road Ontario N9A 6S4	d West Windsor,		