



# Consent to a CRIMINAL RECORD CHECK

Schedule Type: B (UBC Faculty of Education, Teacher Education Office)

**IMPORTANT:** Please complete this form using a dark ink pen, printing clearly and carefully. Return the signed form to the Teacher Education Office (2125 Main Mall, Vancouver, BC, V6T 1Z4) as soon as possible. Do not send this form directly to the Ministry of Public Safety. UBC requires that if you have lived in a country other than Canada, you must also obtain a criminal record check from authorities in that county and provide the results to the Teacher Education Office.

## PART 1 – APPLICANT INFORMATION

Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female Birth Place: \_\_\_\_\_  
(yyyy/mm/dd) (City, Province/State, Country)

**OTHER NAMES USED OR HAVE USED:** (e.g., maiden name, birth name, or previous married name)

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ BC Driver Licence Number: DL \_\_\_\_\_

## PART 2 – ORGANIZATION INFORMATION (For Faculty Use Only)

**Organization Name:** UBC Faculty of Education, Teacher Education Office **Mailing Address:** Room 103 – 2125 Main Mall

**City:** Vancouver **Province:** BC **Country:** Canada **Postal Code:** V6T 1Z4

**Office Phone:** (604) 822 5242 **Fax:** (604) 822 8227 **Student Number:**

## CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

*I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent or Guardian Signature for  
Applicant Under 19 Years of Age

\_\_\_\_\_  
Date Signed

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS  
PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT**

I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act;

Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.

The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;

The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;

The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;

If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.