



CRIMINAL RECORDS REVIEW PROGRAM

Application to request to share the results of a previous criminal record check with the Criminal Records Review Program

Forward a copy of the form to the Criminal Records Review Program by mail, fax or email.
MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1,
FAX the consent form to: 250-953-0408, or E-Mail the consent form to criminalrecords@gov.bc.ca

APPLICANT INFORMATION

Form fields for Applicant Information: Legal Surname / Last name, Legal Given / First Name, Legal Middle Name, Date of Birth, Gender, Birthplace, Additional Names, Surname / Last Name, Given / First Name, Middle Name, Residential Address, City, Province, Country, Postal Code, Mailing Address, Contact Area Code & Phone No., Driver's Licence #.

ORGANIZATION INFORMATION

Organization that I have already completed a criminal record check for under the Criminal Records Review Program (CRRP):

Form fields for Organization Information (CRRP): Organization Name, ID Number, Office Area Code & Phone No., Mailing Address, City, Province, Country, Postal Code.

Organization that I request to share the results of my previous criminal record with:

Form fields for Organization Information (Request to share): Organization Name, Organization Contact Name or Title, ID Number, Mailing Address, City, Province, Country, Postal Code, Office Area Code & Phone No.

Works With (Select ONE default category of Criminal Record Check to be performed for your organization):

Form fields for Works With: Children, Vulnerable Adults, Children and Vulnerable Adults.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

Form fields for Consent: I understand to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years through the Criminal Records Review Program and the sharing request must be for the same type of check as previously completed, either for children, vulnerable adults, or both children and vulnerable adults.

Applicant Signature Date Signed YYYY / MM / DD

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 section 6.1 and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA).