



Request for Reconsideration or Correction of a Police Record Check

PERSONAL INFORMATION					
Last name:		First name:			
Middle name:		Other Names Used:			
Contact Telephone Number:		Gender	Date of Birth _____ yyyy/ mm/ dd		
Mailing address:	# and Street name	Apt #	City	Prov	Postal Code
CHECK LIST					
1. Have you attached a copy of your Police Record Check?		Yes	No		
2. Have you attached any other supporting documentation (a maximum of 5 pages)		Yes	No		
COMMENTS					
FOR POLICE USE ONLY					
Action		Date (yyyy/mm/dd)			
	Request Approved				
	Request Denied				
	Decision Letter Sent				