



If you submit this form to OESC, you will receive 2 original police record check reports in letter format. These letters can be used for application to the Ontario College of Teachers or any other professional regulatory body or for employment purposes.

**DISCLOSURE OF POLICE RECORD INFORMATION FOR TWO ORIGINAL REPORTS  
STUDENT CONSENT FORM FOR ONTARIO COLLEGE OF TEACHERS CERTIFICATION OR EMPLOYMENT**

**OESC ID # (from your ID Card)** \_\_\_\_\_ (if you have never been issued an OESC ID card in the past, please leave blank)

**PURPOSE OF REQUEST AND CONSENT**

This form is to be used for the purpose of collecting and screening police record information on the applicant in order for the applicant to apply for certification with the Ontario College of Teachers and for employment with an Ontario School Board or other organization

*Note: The following information must be entirely complete and accurate. Incomplete forms will be returned for correction.*

**PLEASE PRINT CLEARLY IN BLUE INK USING BLOCK CAPITAL LETTERS (NO PENCIL PLEASE)**

<b>Last Name:</b>		<b>First Name:</b>	
<b>Middle Name(s):</b> (No initials please)			
<b>Maiden Name:</b>	<b>Other Last Names used in the past:</b>	<b>Other First Names or Nicknames used in the past:</b>	
<b>Date of Birth:</b> yyyy:            mm:            dd:	<b>Gender:</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
<b>Current Canadian Mailing Address as it would appear (including, if applicable, number, street, apt., lot, township, rural route #, city, postal code):</b>			
<b>Do you have a Driver's Licence?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Driver's Licence Number (if applicable):</b>  <i>Please include a photocopy of the front of the licence with this form</i>
<b>Telephone Number: (Please include Area Code) (       )</b>			

**CONSENT**

I hereby consent to disclosure by the Oxford Community Police Service to the Ontario Education Services Corporation (OESC) of all records of *Criminal Code* (Canada) convictions, records of convictions under the *Controlled Drugs and Substances Act*, *Narcotic Control Act* and *Food & Drugs Act*, any undertakings to enter into a Surety to Keep the Peace, any Restraining Orders issued under the *Criminal Code* (Canada) or the *Family Law Act* and all outstanding warrants and charges, or in the alternative, disclosure that no record was found. I understand the OESC will treat all information on these records entirely confidentially and that details of any record will be released only to the undersigned person.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

I understand that, as a result of giving this consent, if I am suspect of being the person named in a Criminal Record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. I further consent in writing to disclosure of that information to the OESC.

This consent is given pursuant to section 42 of the *Freedom of Information and Protection of Privacy Act*, section 32 of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection and Electronic Documents Act*, if applicable.

**RELEASE AND DISCHARGE**

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Oxford Community Police Service, the Ontario Education Services Corporation - and any or all of their respective members, directors, employees, servants, and agents, including their successors and assigns, from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Oxford Community Police Service to the OESC.

<b>Student Signature</b>  <i>Must be Original</i>	<b>Today's Date (Month / Day / Year)</b>  <i>Must be Original</i>
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**We recommend that you keep a copy of this Consent Form**  
Please send to: Ontario Education Services Corporation/La corporation des services en éducation de l'Ontario  
P.O. Box 520 • 31 Adelaide Street East • Toronto, ON • M5C 2J6 • Email: oesc-cseo@opsba.org  
**PLEASE DO NOT FAX THIS FORM. ONLY SIGNED ORIGINALS ARE ACCEPTABLE.**



**INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF POLICE RECORD INFORMATION  
STUDENT CONSENT FORM** (provided with this form)

**TO ENSURE PROMPT HANDLING OF YOUR POLICE RECORD CHECK FOLLOW THESE INSTRUCTIONS WHEN COMPLETING THE CONSENT FORM:**

√ (check off when completed)

1.  Please print carefully in **BLUE** ink.
2.  List your full legal name and complete all sections as required.
3.  Please sign the Consent Form using your legal signature and remember to date the Consent Form (month / day / year). **Incomplete and/or inaccurately completed Consent Forms cannot be processed.** You will be requested to complete another Consent Form thereby delaying your authorization.
4. Additions and/or deletions to the Consent Form text, e.g. *Release and Discharge*, will render the Consent Form null and void.
5.  If you have a Driver's Licence, please attach a photocopy of the front of the licence to the Consent Form. If you do not have a licence please be sure to check off the appropriate box.
6.  Please retain a copy for your files.

**PAYMENT FORM FOR POLICE RECORD CHECK**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

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

Tel: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Name of Program: \_\_\_\_\_

OESC ID # (from your OESC ID card): \_\_\_\_\_ (Complete only if you have already received an OESC ID card in the past. If you have never been issued an OESC ID card before, please leave blank)  
I require:

**Please check ONE (1) box ONLY**

**GST# 85719 3080 RT001**

√		Purpose	Cost (includes all taxes)
<input type="checkbox"/>	1 OESC ID Card:	Required for students completing placements in Ontario schools and other agencies	\$30.00
<input type="checkbox"/>	1 Replacement OESC ID Card	In cases where the original card issued has been lost or stolen or when changes are requested (e.g. address or name change)	\$20.00
<input type="checkbox"/>	1 OESC ID Card PLUS 1 ORIGINAL written Police Report:	Required for students completing placements in Ontario schools and other agencies where the agency requires a written Police Report	\$40.00
<input type="checkbox"/>	2 ORIGINAL written Police Reports (for Certification/Employment):	For graduating B.Ed. students who are applying to the Ontario College of Teachers for certification and for anyone who requires written reports for employment purposes	\$30.00

I am enclosing:

Money Order for \$ \_\_\_\_\_ payable to **Ontario Education Services Corporation.**

Payment by:  Visa  MasterCard

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize **Ontario Education Services Corporation** to bill my credit card for \$ \_\_\_\_\_.

Cardholder Name: \_\_\_\_\_  
(please print)

Cardholder Signature: \_\_\_\_\_

Full payment and a fully completed, signed and dated original Consent Form must accompany this form. **THIS FEE IS NON-REFUNDABLE.**  
Please send to Ontario Education Services Corporation: P.O. Box 520 • 31 Adelaide Street East • Toronto, ON • M5C 2J6

**DO NOT FAX. ORIGINAL SIGNATURES ARE REQUIRED.**  
**DO NOT SEND CASH OR CHEQUES. (Personal cheques will not be processed)**  
**PLEASE RETAIN A COPY OF THIS FORM FOR TRANSACTION RECEIPT**