



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 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)

Last Name:		First Name:	
Middle Name(s): (No initials please)			
Maiden Name and/or Other Names used in the Past, including Nicknames:			
Date of Birth yyyy: mm: dd:		Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Current Mailing Address as it would normally appear (including, if applicable, number, street, apt., lot, township, rural route #, city, postal code):			
Driver's Licence #:		I do not have a Driver's Licence (please check box): <input type="checkbox"/>	
PLEASE ATTACH A PHOTOCOPY OF THE LICENCE TO THIS FORM		Telephone Number: (Please include Area Code) () -	

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, all pardoned sexual offences and 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 understand that I will receive two original copies of my Police Record Check Report.

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 – 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.

Signature of Applicant: _____ **Today's Date:** _____
(Must be original) (Month/Day/Year)

We recommend that you keep a copy of this Consent Form
PLEASE DO NOT FAX THIS FORM. ONLY SIGNED ORIGINALS ARE ACCEPTABLE
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

INSTRUCTIONS FOR COMPLETING THE STUDENT CONSENT FORM (provided with this form)

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

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 License, please attach a photocopy of the licence to the Consent Form.
6. Please retain a copy for your files.

PAYMENT FORM

Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Tel: (_____) _____ **Email:** _____

College/University: _____

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

		Purpose	Cost (includes all taxes)
√	1 OESC ID Card:	Required for students completing practicum assignments in Ontario schools and other agencies	\$26.75
	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)	\$16.05
	1 OESC ID Card PLUS 1 ORIGINAL written Police Report:	Required for students completing practicum assignments in Ontario schools and other agencies where the agency requires a written Police Report	\$37.45
	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	\$26.75

I am enclosing:

Money Order for \$_____ (please insert amount) payable to Ontario Education Services Corporation.

DO NOT SEND CASH OR CHEQUES. (Personal cheques will not be processed)

OR

Payment by: Visa MasterCard

Card #: _____ **Expiry Date:** ____/____/____

I hereby authorize Ontario Education Services Corporation to bill my credit card for \$_____ (please insert amount)

Cardholder Name: _____
 (please print)

Cardholder Signature: _____

Full payment and a fully completed, signed and dated original Consent Form must accompany this form. Please send to Ontario Education Services Corporation at the address above.
DO NOT FAX. ORIGINAL SIGNATURES ARE REQUIRED.