



University of Windsor

Faculty of Nursing

Police Records Check Request

Date: _____
Month Day Year

Police Records Department

As the authorized representative of the University of Windsor, Faculty of Nursing, I hereby request that, pursuant to Section 6.3 of the Criminal's Records Act, you conduct a Vulnerable Sector Police Check for:

Last Name First Name Middle Name

who will be involved in an unpaid clinical experience as a Nursing student during his/her Nursing program at the University of Windsor, Faculty of Nursing. These experiences will involve contact with children or vulnerable persons.

Angela Papas

Angela Papas, Programs and Support Secretary
Faculty of Nursing
University of Windsor
401 Sunset Avenue
Windsor, ON
N9B 3P4
519-253-3000 ext. 6129

Applicant Signature