



# University of Windsor

## Faculty of Nursing

### Police Records Check Request

**Date:** \_\_\_\_\_  
Month Day Year

### O.P.P 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

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.

*Suneeta Singh*  
Suneeta Singh, Graduate Secretary  
Faculty of Nursing  
University of Windsor  
519-253-3000 ext. 2260

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Applicant Signature