



INSTITUTIONAL ACCESS CPIC CLEARANCE REQUEST

PUT AWAY ON FILE
ADMINISTRATIVE OR OPERATIONAL FILE
▶ 3170-12

▶ **PLEASE PRINT INFORMATION CLEARLY** Institution _____ Request Received (YYYY-MM-DD) _____

A. PERSONAL INFORMATION

Surname	Full name (no nicknames or initials)	Maiden name (if applicable)
Date of birth (YYYY-MM-DD)	Place of birth City/Town	Province/State
		Country

B. PHYSICAL DESCRIPTION

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height	Weight	Eye color	Hair color
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C. ADDRESS

Street	City/Town	Province	Postal Code	Telephone number Home	Work
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Representing (name of company/organization) _____

D. GENERAL INFORMATION

- Have you ever been convicted of a criminal offence for which you have not been granted a pardon, or an offence for which you have been granted a pardon and such a pardon has been revoked? Yes No
- Do you personally know of any person incarcerated in a correctional facility? Yes No
If yes, provide names: _____
- Do you have any reason to believe coming into contact with this person could pose a risk to your or their personal safety? Yes No
- Are you related/associated to an inmate or on an inmate's visiting list? Yes No

If you have answered YES to any of the above, please explain below.
▶

E. SIGNATURE (When sections A to E are filled out completely, please return the completed form to the institution for approval.)

In making this application, I hereby give the Correctional Service of Canada my consent to use the information provided on this form to conduct such inquiries with police authorities as may be necessary to ascertain my suitability. Finally, I acknowledge that the Correctional Service of Canada has no responsibility for any harm that may come to me in the course of my activities, except where such harm is a direct result of negligence on the part of an employee(s) of the Service.

NOTE: Access may be denied for submitting false information. Passes may be issued for those receiving clearance and approval.

Applicant's signature	Date (YYYY-MM-DD)
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F. FOR OFFICE USE ONLY

Reason for clearance _____

Department making the request (please print)	Signature of Division Head	Date (YYYY-MM-DD)
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<input type="checkbox"/> No criminal record	<input type="checkbox"/> A possible criminal record #: _____	Last entry: _____
<input type="checkbox"/> An outstanding warrant/charge held by: _____		

SIGNATURES

▶ <input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	▶ The individual has been advised.		▶ <input type="checkbox"/> Yes <input type="checkbox"/> No		By: _____
Security Intelligence Officer	Date (YYYY-MM-DD)	Institutional Head	Date (YYYY-MM-DD)	Visit Review Board	Date (YYYY-MM-DD)	