

Classroom Renovation
PROFESSIONAL VISITOR CLEARANCE FORM
Ministry of Corrections and Policing Fax: 953-3030
Prince Albert Correctional Centre

PLEASE ENSURE ALL SECTIONS ARE COMPLETED (print)

Surname	First Name	Middle Name	Maiden Name
Date of Birth Year Month Day	Place of Birth	City	Province Country
Physical description Male Female	Height	Weight	Eye Color Hair Color
Address			Phone Number
Place of Employment	Agency Represented	Phone number (work)	
Requested purpose of clearance			
Have you ever been arrested or charged with a criminal offence?		Yes _____	No _____
Have you ever been fingerprinted by a police force?		Yes _____	No _____
Do you have a criminal record?		Yes _____	No _____
Are you related to an inmate or on an inmate's visiting list?		Yes _____	No _____
<u>If Yes to any of the above please explain on the back of this form</u>			
In making this application, I hereby give the Ministry of Corrections and Policing 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 to enter the centre.			
Finally, I acknowledge that the Ministry of Corrections and Policing 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 or employees of the service.			
Note: Visits may be denied for submitting false information. Passes may be issued for those receiving clearance and approval.			
Applicants Signature _____		Date _____	
Requesting PACC Area Supervisor _____		Date _____	
For Office Use Only SECURITY CLEARANCE REQUESTED			
Green _____ Green Scan _____ Red _____ Yellow _____ Blue _____			
DURATION OF CLEARANCE			
One Year _____ or Date From _____ To _____			
NAME CHECK OF POLICE RECORDS (C.P.I.C.) REVEALS:			
1. No Criminal Record			
2. A possible Criminal Record # _____ Last Entry _____			
3. An Outstanding Warrant/Charge held by:			
_____ APPROVED to enter institution			
_____ NOT APPROVED to enter institution			
Area Supervisor _____	Date _____	Deputy Director Operations _____	Date _____