

**FOOD SERVICES ADDITION  
PROFESSIONAL VISITOR CLEARANCE FORM**  
Corrections and Policing Fax: 953-2233  
Prince Albert Correctional Centre

PLEASE ENSURE ALL SECTIONS ARE COMPLETED

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	
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 _____
If Yes to any of the above please explain on the back of this form			
In making this application, I hereby give Saskatchewan Corrections, Public Safety 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.			
Finally, I acknowledge that Corrections, Public Safety 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 _____	
Originating Area Supervisor _____			Date _____
<b>For Office Use Only</b>		<b>SECURITY CLEARANCE REQUESTED</b>	
GREEN _____ GREEN SCAN _____		RED _____ YELLOW _____ BLUE _____	
<b>DURATION OF CLEARANCE</b>			
ONE YEAR _____		OR DATE FROM _____ TO _____	
<b>NAME CHECK OF POLICE RECORDS (C.P.I.C.) REVEALS:</b>			
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 _____

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