



Request to access a federal institution

PERSONAL INFORMATION

Surname: _____ Full name: _____

Date of birth (YY-MM-DD): _____ Sex: M F

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Street: _____ City: _____

Province: _____ Postal code: _____

Tel. Number: Home: (____) _____ Cellular: (____) _____

GENERAL INFORMATION

Have you ever been found guilty of a criminal offence or do you have any pending charges?

No Yes If so, which? _____

Do you know personally anyone incarcerated in a federal or provincial institution?

No Yes If so, what is the name? _____

Are you registered as an inmate's visitor or have you ever visited an inmate?

No Yes If so, what is the name? _____

Have you made a similar request for access in the last two years?

No Yes If so, for which institution? _____

What is the reason for your request to access a federal institution? _____

Name of your employer / educational institution? _____

Name of the employee responsible for the visit: _____

Privacy act statement

Personal information about you is collected under the authority of the *Corrections and Conditional Release Act* in order to authorize your access to a federal institution. This information is collected, with no obligation on your part, and held in the Security Clearance System (SCS); however, if you refuse to comply with any security verifications, your access privileges will be refused. The information that you provide cannot be disclosed to other persons without your consent, EXCEPT where disclosure would be justified pursuant to one of the paragraphs of subsection 8(2) of the Privacy Act. **Access may be denied for submitting false information. The institution reserves the right to refuse access to the applicant before, upon arrival or during the visit.**

I hereby authorize the Correctional Service of Canada to conduct any investigation it deems necessary to allow my access to their institution. I agree that the Correctional Service of Canada cannot be held accountable for any harm suffered in the course of my activities unless this harm is directly attributable to the negligence of one or more employees of the Service.

Applicant signature: _____ Date: _____

Signature of employee responsible for the visit: _____ Date: _____



RESERVED FOR THE PREVENTIVE SECURITY DEPARTMENT

Institution: _____

Access to the institution granted: No Yes

Name of Security intelligence officer: _____ Date: _____