

SUMMIT MIDDLE SCHOOL

1450 Parkway Blvd., Coquitlam, BC V3E 3L2 • Tel: 604-944-8273 • Fax: 604-937-8050



Date: _____

RCMP Coquitlam
2986 Guildford Way
Coquitlam, BC
V3B 7Y5

Re: Request for Criminal Record Check

To Whom It May Concern:

This is to verify that the following individual has applied to volunteer at our school,

Name of Applicant – Please Print

In order to fulfill the requirements for school volunteers in School District #43 Coquitlam, he/she requires a fee waived Criminal Record Check.

Applicant Address: _____

If you have any questions regarding this individual's application for a criminal record check, please contact me at 604-944-8273.

Thank you for your assistance,

A handwritten signature in blue ink, appearing to read "Cheryl Woods", with a long horizontal flourish extending to the right.

Cheryl Woods
Principal