



Protected when completed

Record Suspension Application Form

Please print clearly using blue or black ink. You must answer all questions.

APPLICANT INFORMATION – YOU MUST FILL IN THIS INFORMATION.

Indicate the full legal name and date of birth of the applicant provided on the front of this form:

Full legal name: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D
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CONTACT INFORMATION – You must answer all questions. The Parole Board will need to contact you directly.

11. Telephone Number: () - → Can we leave a voicemail message? YES NO

If you do not have a telephone, provide a mailing address: _____

12. Can we contact someone else about your application?

NO YES → If YES give us their name and telephone number:

Name: _____ Telephone Number: () - _____

13. Have you ever been a member of the Canadian Forces?

- NO
- YES – Former
- YES – Current
- YES – Former or Current Reserve Member

If YES, See Step 3 of the Record Suspension Application Guide and fill in the information below.

Military Service ID Number: _____

Date of Enrolment:

Y	Y	Y	Y	M	M	D	D
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 Date of Discharge:

Y	Y	Y	Y	M	M	D	D
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Provide the complete mailing address of your unit (your commanding officer may be contacted).

Unit Name	Sub-Unit Name	Street Address or P.O. Box Number	City/Town	Province	Postal Code
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CONVICTION INFORMATION – You must answer all questions.

14. Do you have any other convictions that do not appear on your Criminal Record?

NO YES → If YES provide details below:

Offence	Arresting Police	Sentence	Date	Court (Street/City/Province)
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APPLICANT AUTHORIZATION – You must answer all questions.

15. The information you provide in this application is collected under the authority of the *Criminal Records Act* for the purpose of processing your request for a record suspension. You have the right to the correction of, access to and protection of, your personal information under the *Privacy Act*. Personal information collected through the processing of your application will be stored in Personal Information Bank Number PBC PPU 010 and can be accessed and assessed for accuracy by sending a written request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Avenue West, Ottawa, ON K1A 0R1. Exempt personal information obtained from external partners in the course of processing this application cannot be provided upon request.

You must sign and date this form to confirm the following: I understand that the information may be used in a record suspension decision, to conduct inquiries, and may be used in summary form for reporting, quality control, performance measurement, evaluation, research purposes and to establish an inventory of record suspensions. I grant permission for the disclosure of relevant personal information about me with justice system participants as defined in the *Criminal Code*, as may be deemed necessary for the purpose of the investigation related to this application and for the purpose of any record suspension decision.

I certify that the statements made by me in this application are true and complete. Failure to sign this authorization will result in your application being returned to you as incomplete.

Sign here: _____ Date:

Y	Y	Y	Y	M	M	D	D
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(Applicant's Signature)