



Sharing of Student Information with RCMP/Police

Date of Report/Request: _____

School: _____

Person Completing the Form: _____

Student(s) Name: _____
Last First Initial

Student(s) DOB: _____

RCMP/Police File Number: _____

RCMP/Police Member on File: _____

Context of Report (*Context information such as: School made 911 or Non-Emergency Call, RCMP/Police requested information, emergent/timely request*)

Safe and Caring Schools notified (Yes ☐ No ☐)

Administrator Signature: _____

Date submitted: _____