



Archdiocese of Regina

VOLUNTEER AUTHORIZATION TO TRANSFER FILE INFORMATION

(SOLELY FOR USE OF ACTIVITIES WITHIN THE ARCHDIOCESE OF REGINA)

Request to Release file

I, _____, hereby authorize the Pastor or Designate of the Parish of _____ in _____, SK to copy and forward the contents of my volunteer file, which may include an Adult Volunteer Information Form, completed references, completed interview form and Criminal Record Check, to _____ Parish in _____, Saskatchewan.

_____ *Signature* _____ *Date*

Signed in the Presence of:

_____ *Print Name, Position and Signature*

Certification

I, _____ certify that this is a true and accurate copy of the original documentation on file at _____ Parish, _____, Saskatchewan.

_____ *Signature* _____ *Date*

_____ *Date Sent*

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