



# ORGANIZATION INFORMATION UPDATE FORM

This form must be completed by a current Authorized Contact person. If your organization does not have an Authorized Contact person or the previous Authorized Contact person is no longer with the organization, complete PART B. If you are an Authorized Contact and only updating your organization's contact information, do not complete PART B.

PART A – EMPLOYER ORGANIZATION INFORMATION:			
Organization Name:			
Organization ID# (PROVIDED BY THE CRRP UPON REGISTRATION):			
CHANGE(S) REQUESTED:			
<input type="checkbox"/>	Add a new authorized contact (FILL IN PART B)	<input type="checkbox"/>	Update organization mailing address (FILL IN PART C)
<input type="checkbox"/>	Remove an authorized contact (FILL IN PART B)	<input type="checkbox"/>	Update email address for receiving criminal record check results (FILL IN PART C)
<input type="checkbox"/>	Other change requested that is not included here (FILL IN PART D)		
PART B – AUTHORIZED CONTACT(S):			
<input type="checkbox"/> ADDING AN AUTHORIZED CONTACT			
<input type="checkbox"/> REMOVING AN AUTHORIZED CONTACT			
NEW AUTHORIZED CONTACT			
LEGAL SURNAME / LAST NAME	LEGAL GIVEN / FIRST NAME	MIDDLE NAME <i>optional</i>	
AUTHORIZED CONTACT TO BE REMOVED			
LEGAL SURNAME / LAST NAME	LEGAL GIVEN / FIRST NAME	MIDDLE NAME <i>optional</i>	
PART C – ORGANIZATION CONTACT INFORMATION			
OFFICE PHONE NUMBER		EMAIL FOR CRC RESULTS	
MAILING ADDRESS			
CITY	PROVINCE	COUNTRY	POSTAL CODE
PHYSICAL ADDRESS <i>if different from mailing address</i>			
CITY	PROVINCE	COUNTRY	POSTAL CODE
PART D – DESCRIPTION OF CHANGE			
PART E – SIGNATURE AND DATE			
_____ AUTHORIZED CONTACT NAME/TITLE		_____ SIGNATURE ON BEHALF OF ORGANIZATION	_____ DATE SIGNED YYYY/MM/DD