



APPLICATION TO OPT OUT VOLUNTEER ORGANIZATION CRIMINAL RECORDS REVIEW PROGRAM

Mail, fax or email the completed form to the Criminal Records Review Program (CRRP). You will receive deregistration confirmation by email.

Name of Volunteer Organization: \_\_\_\_\_

Authorized Organization Contact Person: Title: Name: Phone: ( ) Email:

Mailing Address: City: Province: Country: Postal Code: Physical Address (if different from above): City: Province: Country: Postal Code:

- Yes, my organization is currently enrolled in the CRRP online service
No, my organization is not currently enrolled in the CRRP online service

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature (on behalf of organization): \_\_\_\_\_

Date signed YYYY / MM / DD