



APPLICATION FOR AN INFOPOL ACCOUNT

PUT AWAY ON FILE
▶ RM = Information Technology

USER AND SUPERVISOR MUST COMLETE SECIONS 1 AND 2 AND RETURN THE FORM TO THE CONNECTIVITY TEAM

1. USER INFORMATION

Surname (print)			First name (print)			Middle name				
Title						ID Number				
DEPARTMENT/AGENCY/ORGANIZATION										
Patrol Officer			Investigation/Intelligence Officer			CSC				
Other ▶										
Brief description of job duties										
Police Service ▶						ORI:				
CSC Location ▶						OMS Facility Code:				
Rationale for access to incarcerated offenders (If required for job responsibilities)										
OFFICE ADDRESS										
Street			City			Province		Postal Code		
Office telephone number		Extension	Office facsimile number		Office e-mail address					
I agree to access only the offender information for which I have a need to know in accordance with my functions.										
Name (print)			Signature				Date (YYYY-MM-DD)			
2. SUPERVISOR INFORMATION										
Name (print)				Title						
Office telephone number		Extension	Office facsimile number		Office e-mail address					
This person has a need to know the information available in INFOPOL.										
Name (print)			Signature				Date (YYYY-MM-DD)			
3. FOR OFFICE USE ONLY										
A. THIS SECTION IS TO BE COMPLETED BY THE ACCOUNT CREATION AUTHORITY										
Access authorized for the following:										
Administrative region(s)			Atlantic		Quebec		Ontario		Prairies	Pacific
Offender Status										
Supervised			Incarcerated							
Unlawfully at large										
Incarcerated (30) days										
Release at WED										
Based on the information provided, this request for an INFOPOL account is approved.										
Name (print)				Title						
Signature				Date (YYYY-MM-DD)						
B. THIS SECTION IS TO BE COMPLETED BY THE ACCOUNT CREATION OFFICER										
Ticket number if applicable				User name						
ACCOUNT CREATED BY										
Name (print)			Signature				Date (YYYY-MM-DD)			