



CHRISTIAN HOMELEARNERS eSTREAMS

BOX 162
GRINDROD, BC
V0E 1Y0
1-877-777-1547

Date _____

ORGANIZATION NAME:

We are authorizing; each of our teachers/instructors have obtained their Criminal Record Checks for our organization. They have all been cleared and we retain them in our records.

Our Criminal Record Checks have been completed with:

SIGNATURE: _____

PRINT NAME: _____

(Must be signed by the head of your organization)

Thank you!