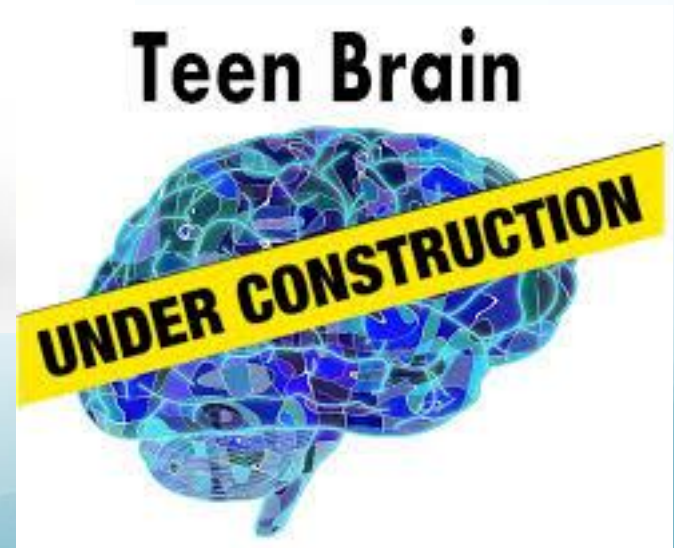


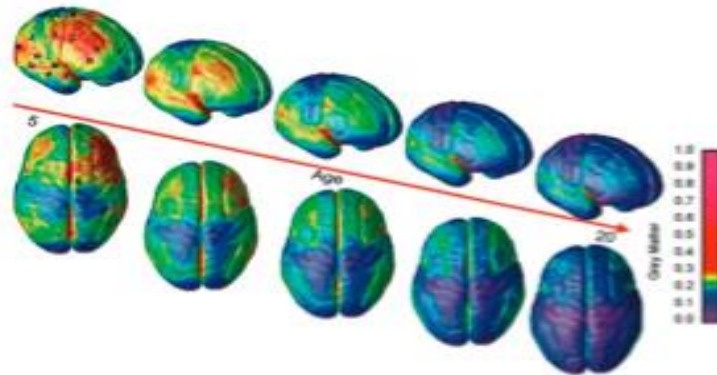
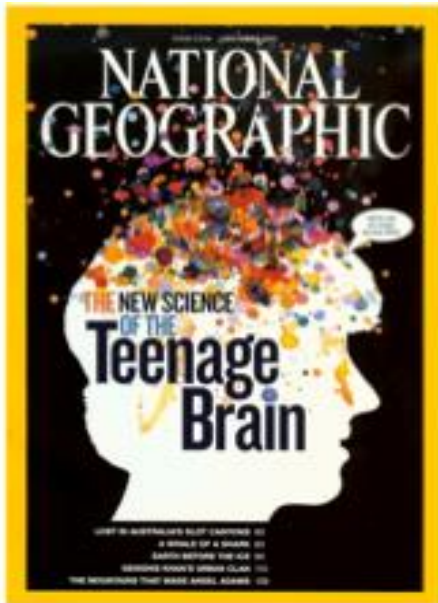
Youth and Cannabis



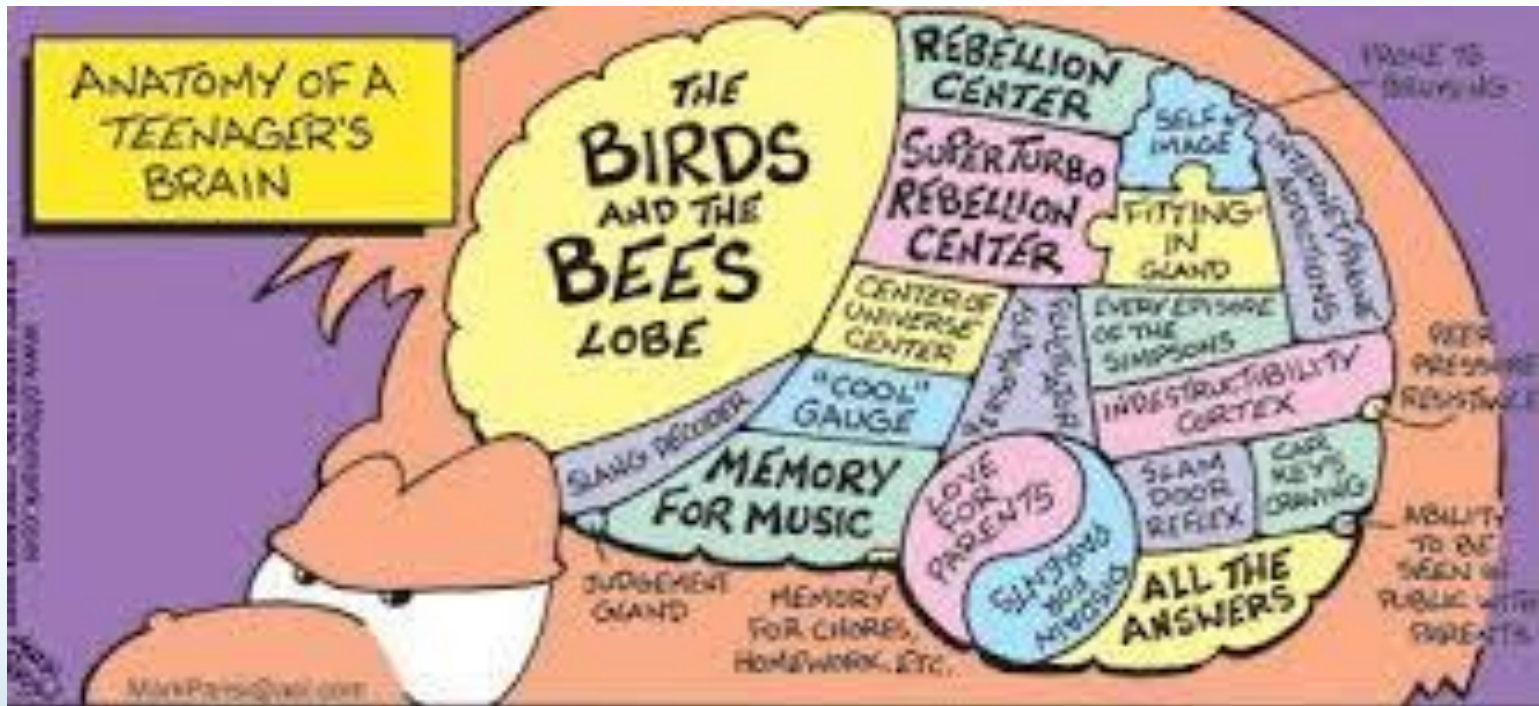
Teenage Brain: Neurodevelopment



The Vulnerable Teenage Brain


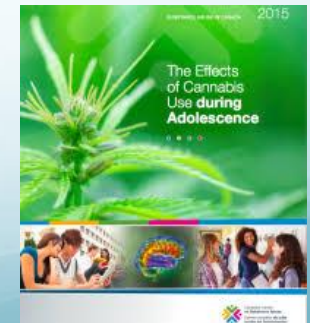


The Teenage Brain



THE SCIENCE OF MARIJUANA

HOW THC AFFECTS THE BRAIN

A diagram of a human brain in profile, with a magnifying glass focusing on the hippocampus and amygdala. The magnifying glass handle is purple and orange, and the lens is purple. The brain is shown in a cross-section, with various colored regions. The background is a light green gradient.

Youth, mental health issues and pot



THE SCIENCE OF MARIJUANA

HOW THC AFFECTS THE BRAIN



Youth and Criminal Charges



Ontario Records Review Program
Consent to a
CRIMINAL RECORD CHECK

PLEASE READ AND SIGNATURES ARE REQUIRED ON PAGE 2. To make permanent record, please attach copies of all complete and payment included with the form.

Schedule Type: A B C D E F
Schedule A: Ontario only Schedule B: Ontario only Schedule C: Ontario and immediate family Schedule D: Ontario only Schedule E: Ontario only Schedule F: Ontario only

PART 1 - APPLICANT INFORMATION - To be completed by all schedule types.

Last Name: _____ First Name: _____
Date of Birth: _____ Sex: Male Female Other: _____ (Please Specify) _____
MARRIAGE STATUS (SEE INSTRUCTIONS) Are you married, widowed, divorced, or separated? Married Widowed Divorced Separated
Country of Birth: _____ Province: _____ City: _____
Mailing Address: _____
City: _____ Province: _____ Country: _____ Postal Code: _____
Social Number: _____ (If Other, Please Specify) _____

PART 2 - ORGANIZATION INFORMATION - To be completed by all, except Schedule F.

PLEASE Complete this section if you have been contacted and/or if you are from Ontario Records Review Program.

Organization Name: _____
Organization Address: _____
Organization City: _____ Province: _____ Country: _____ Postal Code: _____
Organization Phone: _____
Organization Fax: _____
Organization Email: _____
Organization Website: _____
Organization Contact Person: _____
Organization Contact Title: _____
Organization Contact Address: _____
Organization Contact City: _____ Province: _____ Country: _____ Postal Code: _____
Organization Contact Phone: _____
Organization Contact Fax: _____
Organization Contact Email: _____
Organization Contact Website: _____

PART 3 - Schedule D Only must provide:

Consent (See Section A and C on Page 2)

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS
I have read and understand the contents of this form and I consent to the release of information to the Ontario Records Review Program and I acknowledge that I have provided my consent to the release of information to the Ontario Records Review Program.

Applicant Signature: _____ Date of Signature: _____
Name of Organization/Agency for Applicant (Include the Name of Page 2): _____ Date of Signature: _____

Page 1 of 2

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Let's Talk, Let's decriminalize

