



Third Party Consent Form

I _____ DOB _____ certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the search of the RCMP National Repository of Criminal Records based on fingerprints and the release of a Criminal Record or any Criminal Information to The Fingerprint Room inc. Information collected is in compliance with any federal, provincial, or municipal public sector privacy legislation and is disclosed in accordance to the privacy laws.

Signature: _____

Date: _____