



Third Party Consent Form

(请用英文字母填写)

I (姓名) _____ DOB (出生日期) _____

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.

(本人，证明这份表格上面将要发出的所有信息是正确和真实的。我同意让加拿大皇家骑警背景调查我的指纹，之后发放我的无犯罪记录证明或者任何犯罪记录史到 The Fingerprint Room inc.(贵公司) 所有信息全部按照国家，省份，或者市政府规定的法规以及如需要披露任何的隐私法规。)

Signature: (签名) _____

Date: (日期) _____