The Fingerprint Room inc.

CRIMINAL RECORD VERIFICATION
Informed Consent Form

A. Personal Information

Surname (last name):	Given names(s):
Surname (last name) at birth:	Former name(s):
Place of birth (City, Province/State, Country):	
Date of birth (YYYY-MM-DD):	Sex (check one) ☐ Female ☐ Male
Phone number(s):	Email address:

Current Home Address

Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code

Previous Address(es) Within the Last 5 Years (attach additional page if necessary)

B. Reason for the Criminal Record Verification

Reason for Request (example: Employment – Employer – Job Title):	
Organization Requesting Search:	
Contact Name:	Contact Phone Number:

C. Informed Consent

SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):

☒ CPIC investigative Data Bank ☐ Police Information Portal (PIP)

☐ OTHER:

AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.

I 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 release of the results of the criminal record checks to RSSI & LEGALEASE DOCUMENT SERVICE (Company Name), located in OTTAWA & CALGARY, CANADA (City and Country)

I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the COBOURG POLICE SERVICE (Name of Processing Police Service) to RSSI & LEGALEASE DOCUMENT SERVICE (Company Name), OTTAWA & CALGARY, CANADA (City and Country).

Signature of Applicant	Date Year – Month - Day	Signed at City Province/Territory

D. Identification Verification

☐ Physical Identity Verification ☒ Electronic Identity Verification

Witnessing Agent's Name:	Identification Verified: YES
Witnessing Agent's Signature:	Type of Photo ID Viewed (Government Issued) & Secondary ID

Name and location of the company where information will be stored in Canada: RELIABILITY SCREENING SOLUTIONS INC, OTTAWA ONTARIO.

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. ****