



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。)

****Please be notified that due to the nature of the extensive procedures required in such processing, our background check services are non-refundable. If circumstances arise and you would like to cancel the application, please notify us immediately ****

****请注意：由于这个背景检查是一项步骤繁多及复杂的服务，所以这一项服务的费用是不能退还的。如有突发情况而你需取消申请，请务必在第一时间联系我们。 ****

Signature: (签名) _____

Date: (日期) _____