

How to complete the CPIC consent form?



CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information	
Surname (last name): SURNAME	Given name(s): GIVEN NAME
Surname (last name) at birth: MAIDEN NAME (if applicable)	Former name(s): (if applicable)
Place of birth (City, Province/State, Country): CITY, COUNTRY	
Date of birth (YYYY-MM-DD): e.g., 1990-01-01	Sex (check one) <input checked="" type="checkbox"/> F / <input checked="" type="checkbox"/> M <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone number(s): N/A +## (###) ### - ####	Email address: N/A EXAMPLE@EMAIL.COM
Current Home Address	
## STREET NAME ## CITY NAME PROVINCE ZIP CODE	
<small>Number Street Apartment City Province/Territory/State Postal/ZIP code</small>	
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)	
PREVIOUS ADDRESS (if applicable)	
B. Reason for the Criminal Record Verification	
Reason for Request (example Employment - Employer - Job Title): e.g., EMPLOYMENT - AGENCY NAME - JOB TITLE	
Organization Requesting Search:	
Contact Name:	Contact Phone Number:
C. Informed Consent	
<p>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.</p>	
<p>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):</p> <p><input checked="" type="checkbox"/> CPIC Investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)</p> <p><input type="checkbox"/> OTHER:</p>	
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p> <p>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 <u>The Fingerprint Room Inc.</u>, located in <u>Richmond, Canada</u></p> <p><small>Company Name City and Country</small></p> <p>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 <u>Cobourg Police Service</u> to <u>The Fingerprint Room Inc.</u>, <u>Richmond, Canada</u></p> <p><small>Name of Processing Police Service Company Name City and Country</small></p>	
Signature of Applicant	Date
SIGN HERE	Year YYYY Month MM Day DD
	Signed at CITY PROVINCE
	<small>City Province/Territory</small>
D. Identification Verification	
<input checked="" type="radio"/> Physical Identity Verification (fill in section D) <input type="radio"/> Electronic Identity Verification	
Witnessing Agent's Name: DO NOT WRITE	Identification Verified: DO NOT WRITE
Witnessing Agent's Signature DO NOT SIGN	Type of Photo ID Viewed (Government Issued) & Secondary ID DO NOT WRITE

Name and location of the company where information will be stored in Canada: The Fingerprint Room Inc. - BC, Canada

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