



**CRIMINAL RECORD VERIFICATION
Informed Consent Form**

A. Personal Information

Surname (last name):		Given name(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) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone number(s): N/A		Email address: N/A	
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 The Fingerprint Room Inc., located in Richmond, Canada

Company Name 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 to The Fingerprint Room Inc., Richmond, Canada

Name of Processing Police Service Company Name City and Country

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

D. Identification Verification Physical Identity Verification (fill in section D) Electronic Identity Verification

Witnessing Agent's Name:	Identification Verified:
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: The Fingerprint Room Inc. - BC, Canada

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