Third Party Consent Form

I _____ DOB _____ 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 Criminal Records or any Criminal Information to The Fingerprint Room Inc. or any Third Parties per my request. If the RCMP sends my results directly to me to comply with privacy laws, I release The Fingerprint Room Inc. from all liability for complications occurring after fingerprints have been submitted. Information collected follows any federal, provincial or municipal public sector privacy legislation and is disclosed in accordance with privacy laws.

**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 **

Signature: _____

Date: _____