

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Date Received:

Last Name (provide previous name(s), if applicable):		Given Names (First & Middle Names)			
Maiden Name or Other Surnames Used		Place of Birth (Province or Country & Date of Entry Into Canada)			
Date of Birth: (Year/Month/Day)	Sex: (M/F)	Phone #	Driver's Licence Number:		
Number	Street	Apt.	City	Province	Postal

Provide previous addresses if you did not reside at the above address for more than five years:

Number	Street	Apt.	City	Province	Postal
Number	Street	Apt.	City	Province	Postal

Reason for Request: Employment Volunteer Other:

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA.

SEARCH AUTHORIZATION:

I HEREBY CONSENT TO THE SEARCH OF:

A. CRIMINAL CONVICTIONS (ADULT)

.....
Signature of Applicant

<p>RELEASE AUTHORIZATION AND WAIVER:</p> <p>Authorization to Release Clearance Report or any Police Information.</p> <p>Signed this day of, 20 _____</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 hereby release and forever discharge all members and employees of the processing Police Service 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 processing Police Service to the organization listed herein or it's agents.</p> <p align="center">..... (Signature of Applicant)</p>	<p>STAMP OF ORGANIZATION WITH RETURN ADDRESS:</p> <p align="center">..... Organization's Representative (please print)</p> <p align="center">..... Signature of Organization's Representative & Witness to the Applicant's Signature – Photo Identification and/or three (3) pieces of Identification viewed.</p>
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