



CONSENT TO DISCLOSURE OF CRIMINAL RECORDS AND INFORMATION

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)			First Name	Second Name
Maiden Name or Other Surnames Used (if applicable):			Place of Birth (If other than Canada, please also note date of entry to Canada):	
Date of Birth (YY-MM-DD) - -	Sex	Phone #	Driver's Licence Number	

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

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

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p>B. Vulnerable Sector Search (IF REQUIRED)</p> <p>RELEASE AUTHORIZATION AND WAIVER</p> <p>Authorization to Release Clearance Report 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 a Criminal Record or any Criminal Information to CCR and its partners.</p> <p>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 CCR and its partners.</p>	<p>Signed this _____ day of _____, 20_____</p> <p>_____</p> <p>(Signature of Applicant)</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

ORGANIZATION REQUESTING SEARCH	
_____	_____
Signature of Representative Witnessing Applicant's ID	Type of ID Viewed (DL, Health Card, Passport, Student Card etc.)

VULNERABLE SECTOR SEARCH: To be completed if the applicant is applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is one of authority or trust, or one where limited supervision exists, relative to those vulnerable individuals, and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

I ALSO CONSENT TO A SEARCH BEING MADE THROUGH THE CANADIAN POLICE INFORMATION CENTRE TO DETERMINE IF I HAVE BEEN CONVICTED OF, AND BEEN GRANTED A PARDON FOR, ANY OF THE SEXUAL OFFENCES THAT ARE LISTED IN THE SCHEDULE TO THE CRIMINAL RECORDS ACT. I UNDERSTAND THAT, AS A RESULT OF GIVING THIS CONSENT, IF I AM SUSPECTED OF BEING THE PERSON NAMED IN A CRIMINAL RECORD FOR ONE OF THE SEXUAL OFFENCES LISTED IN THE ABOVE-NAMED SCHEDULE IN RESPECT OF WHICH A PARDON WAS GRANTED OR ISSUED, THE SAID RECORD **MAY** BE PROVIDED BY THE COMMISSIONER OF THE RCMP TO THE SOLICITOR-GENERAL OF CANADA, WHO **MAY** THEN DISCLOSE ALL OR PART OF THE INFORMATION CONTAINED IN THAT RECORD TO THE PROCESSING POLICE SERVICE WHO WILL THEN DISCLOSE THAT INFORMATION TO ME.

SIGNATURE OF APPLICANT: _____

(for Vulnerable Sector Searches only)