CONSENT TO DISCLOSURE OF PERSONAL INFORMATION
Must be accompanied with legible copies of two (2) pieces of identification, one primary (photo) and one secondary

(Please Print) – TO BE COMPLETED BY APPLICANT

Surname (Provide previous name(s) prior to application if applicable)	Legal Name:	
	Preferred Name (if applicable):	Middle Name:
Maiden Name or Other Surnames Used (if applicable):	Place of Birth (if other than Canada please also note date of entry into Canada):	
Date of Birth (YY-MM-DD): Sex:	Driver's License Number:	Social Insurance Number:
Number Street Apt./Unit	City/Province/Country	Postal Code

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

Reason for Request (Screening For):   ☐ Employment   ☐ Volunteer   ☐ Other: ....

Note: Information is Collected and Disclosed pursuant to the **Personal Information Protection and Electronic Documents Act, S.C. (P.I.P.E.D.A.)** and relevant provisions of applicable provincial and territorial legislation related to the collection, use and disclosure of personal information.

SEARCH AUTHORIZATION

I HEREBY CONSENT TO THE SEARCH OF:

     ☐   A. CRIMINAL RECORD (ADULT)   X. ....
     ☐   B. VULNERABLE SECTOR CHECK

RELEASE AUTHORIZATION AND WAIVER

Authorization to Release Clearance Report or Any Police Information	**ORGANIZATION REQUESTING SEARCH**
Signed this .... day of .... 20.........	
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 any Criminal Records and Credit Report to the organization requesting the search as indicated. I hereby release and forever discharge all members and employees of the Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained to myself as a result of the disclosure of information by the Police Service to the said organization.	Organization's Representative (please print)
X. .... (Signature of Applicant)	.... Signature of Representative Verifying Applicant's ID