## CRIMINAL RECORD VERIFICATION Informed Consent Form

A Davisanal Information						
A. Personal Information  Surname (last name):	Given names(s):					
	Given names(s):					
Surname (last name) at birth: Former name(s):						
Place of birth (City, Province/State, Country):		Cov (shock one)	□ Fomale	□ Mala		
Date of birth (YYYY-MM-DD):		Sex (check one)	☐ Female	☐ Male		
Phone number(s):		Email address:				
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 Numb	er:			
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						
Signature of Applicant	Date		Signed at			
	Year	– Month - Day				
			City	Province/Territory		
D. Identification Verification	☐ Physica	l Identity Verification	☐ Electronic le	dentity Verification		
Witnessing Agent's Name:		Identification Verified	i:			
/itnessing Agent's Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID				

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

Name and location of the company where information will be stored in Canada:\_\_\_\_\_\_

## **Declaration of Criminal Record**

This form is required to be filled and attack	ned to your Informed Cons	ent Form for a Crimin	al Record Verification.
Surname (last name) Given name(s)		Date of Birth:	
			YYYY-MM-DD
Information is collected and disclosed in a	ccordance with federal, pr	rovincial and municipa	ıl laws.
A Declaration of Criminal Record does not record convictions.	constitute a Certified Crin	ninal Record by the RC	CMP and may not contain all criminal
Applicants must declare all convictions for	offences under Canadian	federal law.	
Do not declare the following:  A conviction for which you have received A conviction where you were a "young An Absolute or Conditional Discharge, An offence for which you were not contained Any provincial or municipal offence, and Any charges dealt with outside of Canal Note that a Certified Criminal Record can	person" under the Youth pursuant to section 730 o victed; id; ida.	Criminal Justice Act; f the Criminal Code;	
Repository of Criminal Records.  Offence	Court Location		
		ate of Sentence	
Signature of Applicant			Date (YYYY-MM-DD)
Verified By:			
Name of Police Agency Employee			

Signature of Police Agency Employee