



... A WORLD OF INFORMATION

## CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information			
Surname (last name):	thangaraj	Given Name(s):alex	Middle Name(s):anthony
Surname (last name at birth):		Former name(s):	
Place of birth(City,Province/State,Country):			
Date of Birth(YYYY-MM-DD):	02031993	Sex:	
Phone number(s):		Email address:	alexthangaraj@isbc.ca
Current Home Address:			
Number:		Street:	
City:		Province/Territory/State:	
Postal Code:			
B. Reason for the Criminal Record Verification			
Reason for Request(example : Employment - Employer - Job Title):	Employment		
Organization Requesting Search:	ISB Canada		
Contact Name:	Johanna Clifford	Contact Phone Number:	905-875-6828
C. Informed Consent			
<p><b>SEARCH AUTHORIZATION</b> - 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.</p>			
<p><b>POLICE INFORMATION SYSTEM(S)</b> - 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):</p>			
X	CPIC Investigative Data Bank	X	Police Information Portal(PIP)
	OTHER:		
<p><b>AUTHORIZATION AND WAIVER</b> 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 check to _____            _____            Company Name City and Country</p> <p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damage, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the  <u>Cobourg Police Services</u> to <u>ISB Canada</u> <u>Milton, Ontario</u>            Name of the Processing Police Service Company Name City and Country</p>			
Signature of Applicant:			
Name and location of the company where information will be stored in Canada - <b>ISB Canada, Milton, ON</b>			
<b>**Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation**</b>			

ID