

## CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information			<b>网络斯特拉斯斯斯斯斯斯斯斯</b>		
Surname (last name):		Given names(s):			
Surname (last name) at birth:		Former name(s):			
Place of birth (City, Province/State, Country):					
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):			ALCOHOLOGICA SCHOOL STATE		
Organization Requesting Search:					
Contact Name:		Contact Phone Number:			
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 RECORDCHECK, located in MONTREAL CANADA and/or RSSI  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 damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the COBOURG POLICE SERVICE to RECORDCHECK, MONTREAL CANADA and/or RSSI					
Signature of Applicant Date Signe		Signed at			
	Year				
			City	Province/Territory	
D. Identification Verification	☐ Physica	I Identity Verification	☐ Electronic t	dentity Verification	
Witnessing Agent's Name:		Identification Verifie			
Witnessing Agent's Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID			

Name and location of the company where information will be stored in Canada: RECORDCHECK MONTREAL CANADA.

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

## CRIMINAL RECORD VERIFICATION Declaration of Criminal Record Form

## **Declaration of Criminal Record**

This form is required to be filled and attack	hed to your Informed Consent Form for a (	Criminal Record Verification.
Surname (last name)	Given name(s)	Date of Birth:
Information is collected and disclosed in a		YYYY-MM-DD
A Declaration of Criminal Record does not record convictions.	constitute a Certified Criminal Record by	the RCMP and may not contain all criminal
Applicants must declare all convictions for	offences under Canadian federal law.	
<ul> <li>A conviction where you were a "young</li> <li>An Absolute or Conditional Discharge,  </li> <li>An offence for which you were not con</li> <li>Any provincial or municipal offence, an</li> <li>Any charges dealt with outside of Cana</li> <li>Note that a Certified Criminal Record can</li> <li>Repository of Criminal Records.</li> </ul>	person" under the Youth Criminal Justice pursuant to section 730 of the Criminal Co victed; id; da.  only be issued based on the submission	ode;
Offence	Date of Sentence	Court Location
Signature of Applicant		Date (YYYY-MM-DD)
Verified By:		
Name of Police Agency Employee		
Signature of Police Agency Employee		