

**CRIMINAL RECORD VERIFICATION
Informed Consent Form**

A. Personal Information

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) <input type="checkbox"/> Female <input type="checkbox"/> 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 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 _____, located in _____

Company Name City and Country

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 _____ to _____.

Name of Processing Police Service Company Name City and Country

Signature of Applicant	Date	Signed at
_____	Year – Month - Day	_____
		City Province/Territory

D. Identification Verification Physical Identity Verification Electronic Identity Verification

Witnessing Agent's Name:	Identification Verified:
_____	_____
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: _____.

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

Declaration of Criminal Record

This form is required to be filled and attached to your Informed Consent Form for a Criminal Record Verification.

Surname (last name) _____ Given name(s) _____ Date of Birth: _____
YYYY-MM-DD

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a “young person” under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

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