

Printed Name of Representative Witnessing Applicant's ID

# CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Provide previous addresses, if any, within the last five (5) years    Number   Street   Apt/Unit   City/Province/Country   Postal Country	(Please Pr	int) (To be completed	by applicant )								
Date of Birth  Other Month Day  Current Address  Number Street Apt Unit CityProvinceCountry Postal Co  Provide previous addresses, if any, within the last five (5) years  Number Street Apt Unit CityProvinceCountry Postal Co  Number Street Apt Unit CityProvinceCoun	Surname (Last Name) (Provide previous name(s) prior to application if applicable)			Fir	irst Name Middle Name						
Chront Address  Number Street AptUnit CityProvince/Country Postal Co  Number Street AptUnit CityProvince/Country Postal CityProvince/Country Postal CityProvince/Country Postal CityProvince/Country Postal CityProvince/Country Postal CityProvince/Country Postal City	Maiden Name or Other Surnames Used (if applicable):				Place of Birth (Province and Country)						
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Number Street AptUnit CityProvince/Country Postal Co  Number Street AptUnit CityProvince/Country Postal Co  Reason for the Consent: Employment Volunteer Description of Position  Note: Information related to this criminal record is collected, retained, and disclosed in accordance with applicable federal, pro and municipal privacy legislation.  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 DECLARED CRIMINAL RECORD PROVIDED:  A. Criminal Record (Adult)  RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report.  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 a Criminal Record to Central I Credit Luion and its partners.  I hereby release and forever discharge all members and employees of the processing Police Service from any and all actions, claims and demands for damages, loss or fingry howsover arising which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Service from any and all partners.  Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.  ORGANIZATION REQUESTING SEARCH  1.  2.	Number	Street	Apt/Unit	City/I	Province/Country			Postal Code			
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2.   Signature of Representative Witnessing Applicant's ID   Type of <b>Photo ID</b> Viewed (Government Issued) and Secondary ID Viewed				<u>1.</u>							
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### CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

# DECLARATION OF CRIMINAL RECORD INFORMATION

### APPLICANT MUST DECLARE ALL CONVICTIONS FOR OFFENCES UNDER FEDERAL LAW

Printed Name of Applicant		Signature of Applicant  Signature of Police Personnel				
Date Signed – Year/Month	/Day					
CONVICTION DATE	OFFENCE (and POLICE SERVICE if known)	)	LOCATION OF OFFENCE			

# DO NOT LIST ANY OF THE FOLLOWING OFFENCES ON THIS FORM:

A conviction for which the Applicant has received a Pardon in accordance with the Criminal Records Act
A conviction where the applicant was a "young person" under the Youth Criminal Justice Act
An Absolute Discharge or Conditional Discharge pursuant to section 730 of the Criminal Code
An offence for which the applicant was not convicted
Any provincial or municipal offence
Any charges dealt with outside of Canada

Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP

Declaration of Criminal Record may not contain all criminal record convictions

A Certified Criminal Record can only be issued by CCRTIS based on the submission of fingerprints to the RCMP National Repository of Criminal Record.