

## CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant )

<b>Surname (Last Name)</b> (Provide previous name(s) prior to application if applicable)	<b>First Name</b>	<b>Middle Name</b>
Maiden Name or Other Surnames Used (if applicable):	<b>Place of Birth (Province and Country)</b>	
<b>Date of Birth</b> (YEAR-MONTH-DAY)	<b>Sex</b>	<b>Phone #</b>

### Current Address

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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### Provide previous addresses, if any, within the last five (5) years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

### 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, provincial, and municipal privacy legislation.**

<p><b>SEARCH AUTHORIZATION:</b></p> <p><b>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:</b></p> <p>A. Criminal Record (Adult)</p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p><b>Authorization to Release Clearance Report.</b></p> <p><b>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 1 Credit Union and its partners.</b></p> <p><b>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 injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Service to Central 1 Credit Union and its partners.</b></p>	<p>Signed this _____ day of _____, 20____</p> <p>_____</p> <p>(Signature of Applicant)</p>
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**Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.**

<b>ORGANIZATION REQUESTING SEARCH</b>	
_____	1. _____
_____	2. _____
Signature of Representative Witnessing Applicant's ID	Type of <b>Photo ID</b> Viewed (Government Issued) and Secondary ID Viewed
_____	
Printed Name of Representative Witnessing Applicant's ID	

## 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

\_\_\_\_\_  
Date Signed – Year/Month/Day

\_\_\_\_\_  
Signature of Police Personnel

CONVICTION DATE	OFFENCE (and POLICE SERVICE if known)	LOCATION OF OFFENCE

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#### 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.