

## **Consent for the Release of Police Information**

Applicant Inforn	nation			111101111						
Last Name		Given No.	Given Name 1 Given Nam					e 2		
Lust Hamo		Civenna	Given Name 1			Given Name	ine 2			
Gender	Date of Birth (yyyy-mm-dd) Current Address									
Male Female										
City		Province	Province Postal Code (A9A 9A9)			Telephone N	elephone Number (include area code)			
Place of Birth	Usual Firs	Usual First Name or Alias Maiden			Maiden Nam	ame or any Other Last Name				
Name at Birth	Previous i	Previous Names or Legally Changed Names								
Previous Address	Books and Books Billion and All Con-								<b>jan</b> - , 96	
Provide previous addres	Address	s at current addre	ss.				1 _	<u> </u>		
					City		Province Postal Code (A9/			
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Consent								L		
Important - Informed C and disclosed, it is impo be disclosed to a prospe disclosed. The suitability checks. The police ager	ortant that you understa ective employer or orga y criteria are establishe ncy or authorized body	and the nature of the solution, you acknow and controlled by the solutions and controlled by the solutions are solutions.	he information incoming the house of the hou	ition that may that you unde ployer or the o	be contained in then erstand that your suite organization - not the	n. By agreeing ability could b police agenc	g to allow e determi y or autho	your personal info ned based on the prized body conduc	rmation to information	
Signature of Appl										
I consent to a search of findings of guilt or convi service. I understand the by fingerprints.	ctions and court orders	registered in my	name in th	ne National R	epository of Criminal	Records and	local reco	ords available to th		
Signature						Date of Consent (yyyy-mm-dd)				
Requesting Org	anization							ingerprint		
	its will be picked up in p	namon by the ann	licont					or card scan subm	rissions only	
Identity of the organizat	<u> </u>			o of the recei				or card scarr subm	noolorio oriiy.	
Name of Person or Organization		ina snoula receive	Address	s or the recor	d checks.					
Maine of Ferson of Orga										
City		Province Postal Code (A9A 9A9)				ĺ				
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I consent to the release Organization/Company/	of any and all informat	tion from available	records to	the authoriz	ed person of the abo	ve indicated				
Signature Signature		Date (yyyy-m				Finger				
Type of Record	Check Required	<u> </u>								
To be completed by the	applicant (initial type of	of record check be	ing reques	sted).						
Туре			Description				Addition	nal Requirements	Initial	
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record.  al Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.						N/A			
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.						N/A			
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.						Form 3923 completed and attached			
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.						Form 6359 completed and attached			
ldentification Pr	ovided									
To be completed by the	RCMP employee.									
Applicant Identification Type 1 Applica		Applicant Identifica	ant Identification Type 2		RCMP Employe	RCMP Employee Name		HRMIS Number		

