

# CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

**PLEASE PRINT** (To be completed by applicant)

Surname (Provide previous name/s prior to application if applicable)			First Name	Second Name
Maiden Name or Other Surnames Used (if applicable):			Place of Birth (If other than Canada, please also note date of entry to Canada):	
Date of Birth (YY-MM-DD)	Sex	Phone #	Driver's Licence Number	
Number	Street	Apt / Unit	City/Province/Country	Postal Code

**\* Note: Provide previous addresses if you did not reside at the above address for more than five years**

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

**Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA as well as PIPA & PIPEDA**

<p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p><b><u>Authorization to Release Clearance Report or Any Police Information</u></b></p> <p>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 or any Criminal Information to Canadian Employment Screening and its partner.</p> <p>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 Canadian Employment Screening and its partner.</p>	<p><b>SEARCH AUTHORIZATION</b></p> <p><b>I HEREBY CONSENT TO THE SEARCH AND RELEASE OF:</b></p> <p>A. Criminal Record (Adult)</p> <p>B. Additional Searches Listed Below (IF REQUIRED)</p> <p>Signed this _____ day of _____, 20____</p> <p>_____</p> <p style="text-align: center;">(Signature of Applicant)</p>
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<b>ORGANIZATION REQUESTING SEARCH</b>	
Organization Name: _____	
Signature of Representative Witnessing Applicant's ID	Type of ID Viewed (DL, Passport, Citizenship card, Birth Certificate)
NOT ACCEPTED: Health cards and SIN Cards	

**Note: For additional searches please mark next to all appropriate searches listed below**

<b>ADDITIONAL SEARCHES</b>	
Additionally, I authorize the above named company through Canadian Employment Screening to obtain information regarding:	
_____ <b>Consumer Credit Report</b> - Which relates to me ** S.I.N. # _____	<small>(Required For Credit Report &amp; SIN Verifications Only)</small>
_____ <b>SIN Validation</b> - Relating to me	
_____ <b>SIN Verification</b> - Combining credit and SIN relating to me	
_____ <b>*Driver's Abstract</b> - Driver's Record from the Province of _____	
_____ <b>Vendor Verifications</b> – On behalf of the company _____	
_____ <b>Other:</b> _____	
<small>*Provincial requirements prevail when requesting Driver's Abstracts. Please speak to customer service regarding provincial requirements &amp; consent forms.</small>	