



**CONSENT FOR THE RELEASE OF POLICE INFORMATION AND DISCLOSURE OF PERSONAL INFORMATION**

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 (YYYY/MM/DD):	Sex:	Phone Number:	Driver's Licence Number (required for driver record requests)		
Number	Street	Apt/Unit	City	Province	Postal Code
Previous Addresses if you did not reside at the above address for more than five years					
Number	Street	Apt/Unit	City	Province	Postal Code
Number	Street	Apt/Unit	City	Province	Postal Code
Have you ever been convicted of a criminal offence for which a Pardon has not been issued in Canada? If yes, please complete the attached <b>Declaration of Criminal Record</b> form					
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Note: Information is collected and disclosed according to municipal, provincial and federal privacy legislation.**

<p><b>I HEREBY CONSENT TO THE SEARCH OF:</b></p> <p><input type="checkbox"/> Criminal Record (Adult)</p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p><b>Authorization to Release Clearance Report or Any Police Information</b>          I certify that the information I have supplied is correct and true to the best of my knowledge. I consent to the release of a Criminal Record or any Criminal Information to ISB Canada and its partners, and to the Organization Requesting Search named below and its designated agents and/or partners. All data is subject to provincial, state, and federal privacy legislation.          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 or as a result of the disclosure of information by the Processing Police Service to ISB Canada and its partners.          I am aware and I give consent that the records named above may be transmitted electronically or in hard copy within Canada to ISB Canada and also to the country from where the search was requested as indicated below.</p> <p>Signed this ____ day of _____, 20 ____</p> <p>_____ Signature of Applicant</p> <p>_____ Print Name of Organization Requesting Search</p> <p>_____ Location (Country) of Organization Requesting Search</p> <p>_____ Print Name of Organization Representative</p> <p>Signature - I verify that I have viewed the Applicant's two pieces of ID (attached) and verified the signature. SIN CARD WILL NOT BE ACCEPTED AS A FORM OF ID</p>	<p><b>I HEREBY CONSENT TO THE SEARCH OF:</b></p> <p><input type="checkbox"/> Driver Record/Abstract, Please specify Province _____</p> <p><input type="checkbox"/> Check DL License Verification</p> <p><input type="checkbox"/> Insurance History</p> <p><input type="checkbox"/> Consumer Credit Report</p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b></p> <p><b>Authorization to Release Personal Information</b>          I certify that the information I have supplied is correct and true to the best of my knowledge. I consent to the release of the records described above to ISB Canada and its partners, and to the Organization Requesting Search named below and its designated agents and/or partners. All data is subject to provincial, state, and federal privacy legislation.          I hereby release and forever discharge all agents from any claims, actions, demands for damages, injury or loss which may arise as a result of the disclosure of information by any of the information sources including but not limited the Credit Bureau or Department of Motor Vehicles to the designated agents and/or their partners and representatives.          By signing this form, I am aware and I give consent that the records named above may be transmitted electronically or in hard copy within Canada and to the country from where the search was requested, as indicated below. By signing this waiver, I acknowledge full understanding of its content.</p> <p>Signed this ____ day of _____, 20 ____</p> <p>_____ Signature of Applicant</p> <p>_____ Print Name of Organization Requesting Search</p> <p>_____ Location (Country) of Organization Requesting Search</p> <p>_____ Print Name of Organization Representative</p> <p>_____ Signature of Organization Representative</p>
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### DECLARATION OF CRIMINAL RECORD

\*When declaration is submitted, it must be accompanied by the Consent for the Release of Police Information form.

PART 1 – DECLARATION OF CRIMINAL RECORD (if applicable) – Completed by Applicant			
Surname	Given Name	Sex	Date of Birth (YYYY/MM/DD)
Current Address	City	Province	Postal Code

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DECLARATION OF CRIMINAL RECORD:**

- Does not constitute a Certified Criminal Record by the RCMP
- May not contain all criminal record convictions.

**DO NOT DECLARE THE FOLLOWING:**

- Absolute discharges or Conditional discharges, pursuant to the Criminal Code, section 730.
- Any charges for which you have received a Pardon, pursuant to the Criminal Records Act.
- Any offences while you were a “young person” (twelve years old but less than eighteen years old), pursuant to the Youth Criminal Justice Act.
- Any charges for which you were not convicted, for example, charges that were withdrawn, dismissed, etc.
- Any provincial or municipal offences.
- Any charges dealt with outside of Canada.

**NOTE:**

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	Location

Consent for the Release of Police Information is attached.