



CONSENT TO DISCLOSURE OF CRIMINAL RECORDS AND INFORMATION

DATE	Y Y M M D D
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(PLEASE PRINT)

SURNAME		GIVEN NAMES			
MAIDEN NAME (IF APPLICABLE)		PLACE OF BIRTH			
D O B	Y Y M M D D	SEX	DRIVER'S LICENCE NUMBER		
NUMBER	STREET	APT./UNIT	MUNICIPALITY	POSTAL CODE	

(PROVIDE PREVIOUS ADDRESS IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT./UNIT	MUNICIPALITY	POSTAL CODE
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REASON FOR REQUEST: PRE-EMPLOYMENT SCREENING

I have made application to _____ for employment and entered into an agreement for pre-employment screening. I understand that as part of the screening process a criminal record search of CPIC (the Canadian Police Information Centre) will be requested by an agent of Informed Hiring (a division of Canadian Credit Reporting Limited), the firm conducting background screening checks for _____.

I hereby authorize, and consent to, the full disclosure of the following records and information by a Canadian Police Department to Informed Hiring (a division of Canadian Credit Reporting Limited):

- (a) ADULT RECORDS OF CRIMINAL CONVICTIONS FOR WHICH A PARDON HAS NOT BEEN GRANTED.

RELEASE AND DISCHARGE

I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE POLICE SERVICES BOARD, THE POLICE SERVICE AND ALL THEIR AGENTS, OFFICERS, ASSIGNS, REPRESENTATIVES AND SUCCESSORS, OF AND FROM ANY AND ALL LIABILITY FOR THE DISCLOSURE OF INFORMATION BY THE POLICE SERVICE TO THE ABOVE-NAMED ORGANIZATION, INCLUDING ALL CLAIMS, DEMANDS, DAMAGES, COSTS, ACTIONS AND CAUSES OF ACTION, HOWSOEVER CAUSED OR ARISING, IN RESPECT OF DEATH, INJURY, ILLNESS, LOSS OR DAMAGE OF ANY NATURE WHICH MAY BE SUSTAINED BY ME, OR BY ANY OTHER PERSON, AS A RESULT THEREOF, OR CONNECTED THERETO.

I UNDERSTAND THAT AFTER DISCLOSING THIS INFORMATION TO THE ORGANIZATION(S) NAMED ABOVE, THE POLICE SERVICE, AND ALL THE AFORESAID, WAIVE ANY RESPONSIBILITY FOR ITS USE, APPLICATION AND/OR DISSEMINATION BY THE ABOVE-NAMED ORGANIZATION(S) OR BY ANY OTHER PERSON, ORGANIZATION OR AGENCY.

I HEREBY RELEASE AND HOLD HARMLESS CANADIAN CREDIT REPORTING LIMITED AND THEIR AGENTS FROM ANY AND ALL CLAIMS, DAMAGES AND LIABILITY ARISING FROM THE REQUEST, USE OF, OR DISCLOSING OF SUCH INFORMATION.

I ACKNOWLEDGE THAT RECORDS AND/OR INFORMATION LOCATED AND/OR DISCLOSED BY THE POLICE SERVICE MAY OR MAY NOT PERTAIN TO ME. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH THE COMPARISON OF FINGERPRINTS WHICH MUST BE SUBMITTED BY ME.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

NAME OF WITNESS (PLEASE PRINT)

ADDRESS OF WITNESS (PLEASE PRINT)