## CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information										
Surname (last name):	Given name(s):						Middle Name(s):			
Surname (last name) at birth:			For	Former name(s):						
Place of birth (City, Province/State, Country):			ı							
Date of birth (YYYY-MM-DD):			Sex	x (check one	2)	F	emale	☐ Male		
Phone number(s):			Em	nail address:						
Current Home Address			<u> </u>							
Number Street Apartme	ent Ci	ity					Province/Terr	itory/State	Postal/Zip	
Previous Address(es) Within the Last 5 Years (attach additional page if nec	essary)									
B. Reason for the Criminal Record Verification										
Reason for Request (example Employment- Employer - Job Title): Emp	lovm	ent								
Organization Requesting Search: ISB Canada	710 y 1111	Onc								
Contact Name: Jennifer Corbett			(	Contact Phone Number: 905-875-6828						
C. Informed Consent										
<b>SEARCH AUTHORIZATION</b> - I HEREBY CONSENT TO THE SEARCH OF the RC the declared criminal record history provided by myself. I understand that fingerprint comparison which is the only true means by which to confirm it	this verifi	ication of the	e Natio	onal Reposit	ory of Crimin	al Recor	ds is not bei		e used,	
POLICE INFORMATION SYSTEM(S)-1 HEREBY CONSENT TO THE SEARCH OF following systems (check applicable):	police inf	formation sy	stems,	as part of a	Police Inforn	nation C	heck, which	will consist of a se	earch of the	
CPIC Investigative Data Bank  Police Information Portal (PIP)										
☐ OTHER:										
AUTHORIZATION AND WAIVER to provide a confirmation of cr	riminal r	ecord or a	ny pol	lice inform	ation.					
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 the results of the criminal record checks										
to, located in Company Name City and Country										
I hereby release and forever discharge all members and employees of the		na Police Ser	vice ar	nd the Poval	Canadian M	lounted	Police from	any and all actions	: claims	
and demands for damages, loss or injury howsoever arising which may her									5, Clairis	
_Brockville/Brantford/Cobourg Police Services toISB Canada, _Milton, ON										
Signature of Applicant Date			1		Signed	at				
		Year		Month	Day					
						City		Province/Te	erritory	
D. Identification Verification						Electro	onic Identi	ty Verification		
3 3				Identification Verified:						
Witnessing Agent's Signature			, ,	Type of Photo ID Viewed  (Government Issued) & Secondary ID						

Name and location of the company where information will be stored in Canada: ISB Canada, Milton, ON

<sup>\*\*</sup>Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.\*\*

## CRIMINAL RECORD VERIFICATION Informed Consent Form

This form is required to be filled out and attached	ed to your Informed Consent Form for a	Criminal Record Verification.
Surname (last name) (	Given name(s)	Date of Birth
Information is collected and disclosed in accordance	ce with federal, provincial and municipal la	YYYY-MM-DD WS.
A Declaration of Criminal Record does not constitut record convictions.	te a Certified Criminal Record by the RCMP	and may not contain all criminal
Applicants must declare all convictions for offences	under Canadian federal law.	
Do not declare the following:  A conviction for which you have received a Recorner of the Aconviction where you were a "young person"  An Absolute or Conditional Discharge, pursuar of the Anny provincial or municipal offence, and;  Any provincial or municipal offence, and;  Any charges dealt with out side of Canada.  Note that a Certified Criminal Record can onl Repository of Criminal Record.	under the Youth Criminal Justice Act; nt to section 730 of the Criminal Code;	
Offence	Date of Sentence	e Court Location
Signature of Applicant		Date (YYYY-MM-DD)
Verified By:		
Cobourg Police Services Name of Police Agency Employee		

**Declaration of Criminal Record**