

Date:

Director General
Canadian Criminal Real Time Identification Services
RCMP, NPS Bldg.
1200 Vanier Parkway
Ottawa ON K1A 0R2
Attention: Information & Identification Civil Section

Authorization for RCMP to disclose the results of Criminal Record Check

I, _____ hereby give consent to the Royal Canadian Mounted Police to disclose the results of a Search of my fingerprints against the national repository of criminal records in Canada to:

I fully understand that I am entitled to receive this information personally, and my refusal to consent to disclosure of this information to the above Company or Person will not have any negative consequences on my request.

(Signature)

(Date)

Left or Right Thumb

Color of Hair _____
Color of Eyes _____
Height _____
Weight _____

