

To, 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.

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Signature Date

Canadian Fingerprinting Services Inc. 2 College Street Unit 208 Toronto ON M5G 1K3 Canada Tel: 1-416-625-6104 Email: [info@canadianfingerprints.com](mailto:info@canadianfingerprints.com) www.canadianfingerprints.com