

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)			Given Names		
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 (YY-MM-DD) _ _	Sex	Area Code Phone #	Driver's Licence Number		
Number	Street	Apt/Unit	City/Province/Country		Postal Code

Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Reason for Request (Screening For) **Employment *** **Volunteer*** **Other** _____

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA

SEARCH AUTHORIZATION:

<p>I HEREBY CONSENT TO THE SEARCH OF: A. Criminal Record (Adult)</p>	<p>X</p> <p>(Signature of Applicant)</p>
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RELEASE AUTHORIZATION AND WAIVER

<p>Authorization to Release Clearance Report or Any Police Information</p> <p>Signed this _____ day of _____, 20____</p> <p>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 any Criminal Records to _____. I hereby release and forever discharge all members and employees of the Port Hope Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Port Hope Police Service to _____</p> <p>X</p> <p>(Signature of Applicant)</p>	<p style="text-align: center;">ORGANIZATION REQUESTING SEARCH</p> <p>_____</p> <p style="text-align: center;">Organization's Representative (please print)</p> <p>_____</p> <p style="text-align: center;">Signature of Representative Verifying Applicant's ID</p>
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