

# POLICE CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

**(PLEASE PRINT CLEARLY) (To be completed by applicant)**

Surname (Provide previous name(s) prior to application if applicable)			First Name		Second Name	
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	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

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

<p><b>SEARCH AUTHORIZATION:</b></p> <p><b>I HEREBY CONSENT TO THE SEARCH OF:</b></p> <p>A. Criminal Record (Adult)</p> <p><b>RELEASE AUTHORIZATION AND WAIVER</b>                  Authorization to Release Clearance Report or Any Police Information</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 a Criminal Record or any Criminal Information to APEX Pre-Employment Screening Services and its partners TVS.</p> <p>I hereby release and forever discharge all members and employees of the processing 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 processing Police Service to APEX Pre-Employment Screening Services and its partners TVS.</p>	<p>Signed this _____ day of _____, 20____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>(Signature of Applicant)</b></p>
--	---

**Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.**

<b>ORGANIZATION REQUESTING SEARCH</b>	
_____ _____ Signature of Representative Witnessing Applicant's ID	_____ Type of ID Viewed (DL, SIN, Health Card, etc.)

**(FOR TVS OFFICE USE ONLY)** TVS ID # \_\_\_\_\_ TVS TRANSACTION # \_\_\_\_\_