

Date: _____

The Commissioner, R.C.M.P.
1200 Vanier Parkway
Ottawa, Ontario
K1A 0R2
Att: 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:

Name: _____ ATTN: Eastern Ontario Forensic Services

Address: _____ 945 Auden Park Drive

City: _____ Kingston

Prov/State: _____ Ontario

Postal/Zip: _____ K7M 4T8

Country: _____ Canada

I have read the Biometric Consent notice on the fingerprint capture device and have provided an impression of one of my fingers as proof that I have read and signed this agreement.

Note: refusal to consent to disclosure of this information to the above person or company will not have any negative consequences on my request.

(signature)

(date)