

# Consent to Disclose and Release Personal Information

Send to [csi@csiscreening.com](mailto:csi@csiscreening.com) with scanned ID (use scanner, camera or smart phone. Faxed ID is not clear)

(Type or print clearly, illegible information cannot be processed. For assistance call 888-818-5251 or email [csi@csiscreening.com](mailto:csi@csiscreening.com))

**A. Company Name**  Client Account or Receipt #:   
**Company Address**

## B. Applicant Information Section

I authorize the above named company through its "Agent" to obtain information regarding:

1. Criminal records which relate to me maintained on CPIC by the RCMP or Police files from any law enforcement agency, Canadian or otherwise;
2. Consumer credit report which relates to me, and/or;
3. Please enter the Province for which you need a Driver's abstract/record from in box:

Please check appropriate box(es) below:

Criminal Records  Credit Bureau Report  Education/Professional Accreditation  Driver's Abstract  Employment/ Reference

I also hereby consent that any information that is obtained by the foregoing search processes may be released to the above named company, the party requiring the security through its Agent, at the discretion of the processing Canadian Police Department. I certify that the information set out by me in this application is true and correct to the best of my ability. I hereby release the above named company, and forever discharge all members and employees of the processing Police Department; and its Agents 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 Department to the organizations listed herein. **Personal Information is Collected and Disclosed according to all federal and provincial laws that apply.**

**\*\*It is very important that you indicate any name changes, either through marriage, divorce or other legal changes\*\***

Applicant:      
LAST/SURNAME FIRST MIDDLE MAIDEN/FORMER SURNAMES OR NAME CHANGES  
Address:     
STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE  
Telephone #:   Male  Female Driver's Lic #   
Date of Birth:    Place of Birth :  SIN/SSN   
YEAR MONTH DAY CITY / PROVINCE / COUNTRY

## C. Self Declaration Section (Required)

Have you ever been convicted of a criminal offence in Canada?

Yes  No

(If yes provide all Canadian criminal convictions on Form B and attach with this consent. These will be verified)

## D. Applicant Signature Section

By signing this waiver, I acknowledge full understanding of it's content and meaning and hereby give my informed consent.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: (REQUIRED):

## E. Witness Section

**\*\*The Applicant's identity must be verified by client or other person, who is not a family member by comparing 2 pieces of ID, one of which MUST be an accepted government issued photo ID of applicant and scanned legible copies of both pieces of ID MUST accompany this form. If the copies are not legible, they cannot be processed and will be returned. CSI Screening has no control over this requirement. (Please make sure your scan your IDs before sending, or use smart phone or digital camera with flash disabled and take clear photo. The ID then can be emailed to [csi@csiscreening.com](mailto:csi@csiscreening.com) with consent form)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Canadian Driver's Licence | <input type="checkbox"/> Canadian Citizenship Card                 | <input type="checkbox"/> Firearms Acquisition Certificate         |
| <input type="checkbox"/> Foreign Driver's Licence  | <input type="checkbox"/> Permanent Resident (PR) Card              | <input type="checkbox"/> Federal, Provincial or Municipal ID Card |
| <input type="checkbox"/> Canadian Passport         | <input type="checkbox"/> Certificate of Indian Status              | <input type="checkbox"/> Military Family ID Card                  |
| <input type="checkbox"/> Foreign Passport          | <input type="checkbox"/> Student Identity Card - Foreign Institute | <input type="checkbox"/> CNIB ID Card                             |

Health cards issued by a Canadian Province or Territory & Social Insurance Number are not acceptable for photo identification purposes

**WITNESS NOTE:** I solemnly declare by my true signature that I am not the applicant and have verified the applicant's identity by comparing two authorized pieces of ID, one of which was an authorized government photo ID. I confirm that the ID indicated matches the applicant and that the photo image is a true likeness of the applicant. I declare that I understand it is an offence to make a false statement.

Witness Signature : \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_