



CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed

Company Name

Company Address

Applicant Information Section

I authorize the above named company through its "Agent" to obtain information regarding the items related to me and checked below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Credit Bureau Report | <input type="checkbox"/> Civil records Search | <input type="checkbox"/> Drivers' Abstract - ____ Years |
| <input type="checkbox"/> Enhanced Global Terrorist Report | <input type="checkbox"/> Bankruptcy Search | <input type="checkbox"/> Employment verification - ____ Years |
| <input type="checkbox"/> Education Verification - ____ Years | <input type="checkbox"/> OFAC Search | <input type="checkbox"/> Enhanced Reference Check - ____ Years |
| <input type="checkbox"/> Identification Verification | <input type="checkbox"/> Social Media Search | <input type="checkbox"/> PPSA Search |
| <input type="checkbox"/> Security Commission Search | | <input type="checkbox"/> Media Search |
| <input type="checkbox"/> Professional Accreditation - ____ Years | <input type="checkbox"/> Other | <input type="checkbox"/> Criminal Search - Outside Canada |
| <input type="checkbox"/> Address Verification - ____ Years | | |

****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

MONTH DAY YEAR CITY / PROVINCE /COUNTRY

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: