



# 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        | Education/Professional Accreditation | Driver's Abstract                       |
| <input type="checkbox"/> Global Terrorist Search     | Civil Records Search                 | Employment Verification                 |
| <input type="checkbox"/> Education Verification      | Bankruptcy Search                    | Enhanced Reference Check                |
| <input type="checkbox"/> Identification Verification | OFAC Search                          | PPSA Search                             |
| <input type="checkbox"/> Security Commissions Search | Social Media Search                  | Media Search                            |
| <input type="checkbox"/> Professional Accreditation  | Other:                               | Criminal Record Search - Outside Canada |
| Address Verification                                 |                                      |   |

**\*\*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

## 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: \_\_\_\_\_