CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed

Company Name	
Company Address	

Applicant Information Section

I authorize the Company named above to conduct background checks relevant to any of the items I have indicated below. I authorize CSI Background Screening, as agent of the Company, and any agents of CSI Background Screening, to: Use and disclose my personal details provided below to check the items I have indicated below; Where one or more international checks are appropriate for prudent background screening practice having regard to my background, use and disclose my personal details internationally; Obtain from appropriate sources, any information relevant to the background check items indicated below; and Provide that information to the Company. I authorize any institution holding information about me to release that information to CSI Background Screening or its agent.

- ☐ **Credit Bureau Search**
- ☐ **Global Terrorist Search**
- ☐ **Education Verification**
- ☐ **Identification Verification**
- ☐ **Security Commission Search**
- ☐ **Professional Accreditation**
- ☐ **Address Verification**
- ☐ **Education/Professional Accreditation**
- ☐ **Civil Records Search**
- ☐ **Bankruptcy Search**
- ☐ **OFAC Search**
- ☐ **Social Media Search**
- ☐ **Other**
- ☐ **Driver's Abstract**
- ☐ **Employment Verification**
- ☐ **Enhanced Reference Check**
- ☐ **PPSA Search**
- ☐ **Media Search**
- ☐ **Criminal Record Search - Outside Canada**

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

Applicant: _____ _____ _____ _____

LAST/SURNAME | FIRST | MIDDLE | MAIDEN or FORMER or CHANGED SURNAMES

Address: _____ _____ _____

STREET / PO BOX / RR # | CITY / PROVINCE / STATE | POSTAL CODE / ZIP CODE

Telephone #: _____ ☐ Male ☐ Female _____ _____

Driver's License # | SIN/SSN

Date of Birth: _____ Place of Birth : _____

YEAR MONTH DAY | CITY / PROVINCE /COUNTRY

Previous Address for last TEN years. Attached additional sheet if required

 # 1 _____

 # 2 _____

 # 3 _____

 # 4 _____

 # 5 _____

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: _____

Version 3 (May 2023)