

NISHNAWBE ASKI POLICE SERVICE



CONSENT TO CONDUCT CRIMINAL RECORD CHECK

PLEASE PRINT CLEARLY

I, _____ Surname Given name Middle name

_____ Date of Birth _____ Male ___ Female ___
Maiden Name (if applicable) Year Month Day

Present Address: _____

List Previous Addresses for last 5 years (if less than 5 years at above address):

Telephone – Home: _____ Work: _____

SELF-DECLARATION
(If Applicable)
DECLARATION OF CRIMINAL RECORD ATTACHED
Yes [] No []

This 'Consent to Conduct Criminal Record Check' is for the purposes of
obtaining employment [] or volunteering [] at:

Name of Organization: _____

Such records of criminal convictions for which a pardon has not been granted and records of outstanding
criminal charges of which the Nishnawbe Aski Police Service is aware.

**In addition to a Criminal Record Search, this organization requires that I provide results of a Vulnerable

Sector Screening search (please check appropriate response): Yes [] (appropriate forms attached)
No []

RELEASE OF DISCHARGE

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Chief of Police of the Nishnawbe
Aski Police Service and all members and employees of the said Police Service 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 Nishnawbe Aski Police Service to the above-named organization.

I acknowledge that information so disclosed may be confirmed only by a comparison of the fingerprints on file to which the
information relates and my fingerprints.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

In witness whereof, I have hereunto set my hand this _____ day of _____, 20_____.

Signed in the presence of:

Witness

Applicant

I certify that I have verified the applicant's information with photo identification:

Officer Name & Badge Number