

3RD PARTY WAIVER CONSENT FORM – CARDSCAN
Consent to Release Personal Information to a third party

I Your Name
Full name of applicant

Born, Your Date of Birth require criminal record verification in order to obtain
Month Day Year

a What application are you doing?
Job (specify type), visa, border crossing card, etc...

I hereby authorize the Royal Canadian Mounted Police central repository of criminal records to release my Criminal Record Search Results to the following party.

Name of individual / agency: Who do you want the

Address: Results sent to?

City/Prov: SAMPLE

Postal Code/Country: SAMPLE

I understand that I have the right to receive these results directly from the RCMP and that the assistance of a 3rd party is not necessary to obtain these results.

I have read and signed the Informed Consent document and understand my rights with regard to obtaining criminal record information.

Sign and Date!

Applicant Signature

This _____ day of _____, 20_____

***** Please print multiple copies of this form and use different fingerprints in the box *****

Please place fingerprint
HERE
↓↓↓↓↓↓↓



Applicant's Fingerprint

Digit Printed
(Please "X")

RIGHT	
Thumb	X
Index	
Middle	
Ring	
Little	
LEFT	
Thumb	
Index	
Middle	
Ring	
Little	