

Date: _____

The Commissioner, R.C.M.P.
1200 Vanier Parkway
Ottawa, Ontario
K1A 0R2



Attention: Information & Identification
Civil Section

Authorization for RCMP to disclose the results of Criminal Record Check

I, _____ hereby give consent to the Royal Canadian Mounted Police to disclose the results of a search of my fingerprints against the national repository of criminal records in Canada to:

Name of individual / agency: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/ZIP Code: _____

refusal to consent to disclosure of this information to the above person or company will not have any negative consequences on my request.

(Signature)

(Date)

Required Identification Items:

Height (cm): _____ Weight (kg): _____

Hair Colour: _____ Eye Colour: _____

Biometric Consent Instructions:

Place a single finger flat impression in the box to confirm your consent, then indicate which finger was used in the "Select Digit" column. Your Right Thumb should be used when possible. If not possible due to injury or other reason, choose the Left Thumb and so on. The last choice for bio-consent impression would be the Left Little finger.

Select Digit

RIGHT	
Thumb	<input type="checkbox"/>
Index	<input type="checkbox"/>
Middle	<input type="checkbox"/>
Ring	<input type="checkbox"/>
Little	<input type="checkbox"/>
LEFT	
Thumb	<input type="checkbox"/>
Index	<input type="checkbox"/>
Middle	<input type="checkbox"/>
Ring	<input type="checkbox"/>
Little	<input type="checkbox"/>

Applicant's fingerprint
"FLAT IMPRESSION"