

**CRIMINAL RECORD VERIFICATION
Informed Consent Form**

A. Personal Information					
Surname (last name):		Given names(s):			
Surname (last name) at birth:		Former name(s):			
Place of birth (City, Province/State, Country):					
Date of birth (MM-DD-YYYY):		Gender Identity (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
Phone number(s):		Email address:			
Current Home Address					
_____	_____	_____	_____	_____	_____
Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
B. Reason for the Criminal Record Verification					
Reason for Request (example: Employment or Volunteer):					
Organization Requesting Search:					
Contact Name:			Contact Phone Number:		
C. Informed Consent					
<p>SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.</p>					
<p>POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> CPIC investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP) <input type="checkbox"/> OTHER: </p>					
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>XpressChek</u> and <u>Anglican Diocese of Huron</u>, located in <u>Toronto & London, Ontario</u></p> <p style="margin-left: 20px; font-size: small;"> I hereby release and forever discharge all members and employees of the processing <u>Police Service</u> and the Royal Canadian Mounted Police 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 <u>the Cobourg Police Services</u> to <u>XpressChek</u>, <u>Toronto, Ontario</u>. </p> <p style="margin-left: 20px; font-size: small;"> Name of Processing Police Service Company Name City and Country </p>					
Signature of Applicant		Date Year – Month - Day		Signed at City Province/Territory	
D. Identification Verification					
			<input type="checkbox"/> Physical Identity Verification		<input type="checkbox"/> Electronic Identity Verification
Witnessing Agent's Name:			Identification Verified:		
Witnessing Agent's Signature:			Type of Photo ID Viewed (Government Issued) & Secondary ID		

Name and location of the company where information will be stored in Canada: Incorporated Synod of the Diocese of Huron, 190 Queens Ave., London, ON N6A 6H7.

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. ****