



Forensic Document and Fingerprint
Examination Laboratory

RCMP Accredited and Certified
Fingerprinting Agency

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: _____

Address: _____

City: _____

Prov/State: _____

Postal/Zip: _____

Country: _____

I understand that giving this consent allows the results to be sent to the third party indicated above
and have provided an impression of one of my fingers as proof that I have read and signed this
agreement.

**Note: 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)