

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Please fax back to 310-774-3970

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)			First Name Second Name
Maiden Name or Other Surnames Used (if applicable):			Place of Birth (If other than Canada, please also note date of entry to Canada):
Date of Birth (YY-MM-DD) - -	Sex	Phone #	Driver's License Number

Number City/Province/Country	Street	Apt/Unit	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number Postal Code	Street	Apt/Unit	City/Province/Country
Number Postal Code	Street	Apt/Unit	City/Province/Country

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFIPPA

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p>RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report 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 a Criminal Record or any Criminal Information to Corra Group and its partners.</p> <p>I hereby release and forever discharge all members and employees of the processing 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 processing Police Service to Corra Group and its partners.</p>	<p>Signed this _____ day of _____, 20_____</p> <p>_____</p> <p>(Signature of Applicant)</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

<p>ORGANIZATION REQUESTING SEARCH</p> <p>_____</p> <p>Signature of Representative Witnessing Applicant's ID</p>	<p>_____</p> <p>Type of ID Viewed (DL, SIN, Health Card, etc.)</p>
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