



REGINA POLICE SERVICE SECURITY CLEARANCE REFERRAL FORM

Page 1 of 2

NAME OF APPLICANT: _____
Surname Given Name Middle Name

MAIDEN NAME and/or ANY OTHER NAMES USED: _____

ADDRESS: _____
Apt.# Street/Avenue
City/Town Province/Postal Code Telephone Number

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: Male / Female
Year / Month / Day

ORGANIZATION/COMPANY/FIRM: _____

POSITION APPLIED FOR: _____ VOLUNTEER: YES / NO

STATEMENT OF CONSENT:

I hereby consent to a Criminal Record Check registered in my name with the Regina Police Service local indices and the National Repository for Criminal Records in Canada. I further consent, if required, to attend to the Forensic Identification Section of the Regina Police Service for fingerprint confirmation. I understand that any and all information will be mailed directly to my address as listed above unless I authorize the waiver below.

Dated this _____ day of _____ 200_ Signature: _____

WAIVER for CONSENT of RELEASE OF INFORMATION TO FIRM or ORGANIZATION or COMPANY:

I consent to the release of any and all information pertaining to a Criminal Record registered in my name with the Regina Police Service local indices and/or with the National Repository for Criminal Records in Canada to the authorized person of the above indicated Organization/Company/Firm. I further agree to absolutely release, discharge and absolve the above indicated Organization/Company/Firm and its employees from all claims, losses or damages including indirect or consequential, occasioned by me during, or as a result of, any investigation for a Criminal Record.

Dated this _____ day of _____ 200_ Signature: _____

