



NIAGARA REGIONAL POLICE SERVICE

ACCESS TO INFORMATION WAIVER

PAID EMPLOYEE <input type="checkbox"/>	INDICATE PICKUP SITE:	1. GRIMSBY <input type="checkbox"/>	2. WELLAND <input type="checkbox"/>	3. FORT ERIE <input type="checkbox"/>
VOLUNTEER/STUDENT <input type="checkbox"/>		4. ST.CATH <input type="checkbox"/>	5. NIAG.FALLS <input type="checkbox"/>	6. PT. COLB. <input type="checkbox"/>

PRINT CLEARLY - FULL NAMES - NO SHORT FORMS OR INITIALS

Complete all blanks, if not applicable, please indicate N/A

(GIVEN NAME) _____ (MIDDLE NAME) _____ (SURNAME) _____

(MAIDEN NAMES) _____ (PAST SURNAMES USED) _____

Male Female

(DATE OF BIRTH YYYY/MM/DD) _____ (GENDER) _____ (DRIVERS LICENCE NO.) _____

(CURRENT ADDRESS) _____ (TOWN/CITY) _____ (POSTAL CODE) _____

PHONE NUMBER: _____

(LIST YOUR COMPLETE ADDRESS(ES) FOR THE PAST FIVE YEARS. ATTACH A SEPARATE SHEET IF REQUIRED.)

CITY AND PROVINCE (Give Country if other than Canada)	ADDRESS	FROM		TO	
		Month	Year	Month	Year

I, HEREBY AUTHORIZE THE NIAGARA REGIONAL POLICE SERVICE TO DISCLOSE AND RELEASE ANY AND ALL PERSONAL INFORMATION TO ME, INCLUDING ANY AND ALL INFORMATION THEY MAY HAVE, REGARDING MY CRIMINAL RECORD, ANY MENTAL HEALTH ACT RECORDS AND/OR APPREHENSIONS, AND/OR ANY OTHER KNOWLEDGE OR INFORMATION IN THE RECORDS OF THE NIAGARA REGIONAL POLICE SERVICE OR ANY OTHER POLICE SERVICE AGENCY IN RELATION TO:

(DESCRIBE REASON FOR INFORMATION)

WAIVER, RELEASE AND INDEMNIFICATION

I FURTHER UNDERSTAND THAT, UPON RELEASE OF SUCH INFORMATION BY THE POLICE TO ME, THE POLICE WAIVE ANY RESPONSIBILITY FOR THE AGENCY'S USE, APPLICATION AND/OR DISSEMINATION OF SUCH INFORMATION.

I, HEREBY RELEASE AND FOREVER DISCHARGE THE NIAGARA REGIONAL POLICE SERVICE, ITS AGENTS AND ASSIGNS, AND ALL OFFICERS OF THE SAID SERVICE, FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS AND DEMANDS FOR DAMAGES, LOSS OR INJURY, HOWSOEVER ARISING WHICH MAY HEREAFTER BE SUSTAINED BY MYSELF AND WAIVE ALL RIGHTS THERETO.

I, HEREBY RELEASE AND FOREVER DISCHARGE THE NIAGARA REGIONAL POLICE SERVICE, ITS AGENTS AND ASSIGNS, AND ALL OFFICERS OF THE SAID SERVICE, FROM ANY AND ALL ACTIONS, CAUSES OF ACTIONS, CLAIMS AND DEMANDS FOR DAMAGES, LOSS OR INJURY, HOWSOEVER ARISING WHICH MAY HEREAFTER BE SUSTAINED BY ANY PERSON AS A RESULT OF THE RELEASE OF THIS INFORMATION.

I, HEREBY DECLARE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE.

IN WITNESS WHEREOF, I HAVE HERE UNTO THIS _____ DAY OF _____ (DAY) (MONTH) (YEAR)

PERSONAL INFORMATION IS COLLECTED AND DISCLOSED ACCORDING TO SECTION 29(1) AND 32 OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (MFIPPA) AND SECTION 41 OF THE POLICE SERVICES ACT, AS AMENDED, AND WILL BE USED IN PROCESSING YOUR REQUEST FOR INFORMATION. ANY QUESTIONS REGARDING THIS COLLECTION SHOULD BE REFERRED TO THE MANAGER OF THE CENTRAL RECORDS UNIT, NIAGARA REGIONAL POLICE SERVICE.

IN THE PRESENCE OF _____ (WITNESS OF AUTHORIZED AGENT) _____ (SIGNATURE OF APPLICANT)

IN THE CITY OF _____ IN THE REGIONAL MUNICIPALITY OF NIAGARA

FULL NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

SIGNATURE OF AUTHORIZING AGENT: _____

FORM 1 - **CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

(This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the **Criminal Records Act** and has been pardoned.)

Identification of the Applicant

Full Name: _____

Sex: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Previous Addresses (if any) within the last 5 years:

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: _____

The name of the person or organization is: _____

Provide details regarding the children or vulnerable persons:

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature _____

Date _____