



LEAMINGTON POLICE SERVICE

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

INCIDENT #: _____
NAME (Surname, Given 1, Given 2): _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: _____
ADDRESS: _____
TELEPHONE: _____ (Please list previous addresses for the last 5 years on reverse of this form)
MAIDEN NAME/OTHER NAMES USED: _____

REASON FOR REQUEST: SCREENING FOR [] POSITION OF RESPONSIBILITY/AUTHORITY/TRUST - CHILDREN/VULNERABLE PERSONS **
[] EMPLOYMENT [] VOLUNTEER ** [] HIGH SCHOOL STUDENT [] POST SECONDARY STUDENT [] OTHER

WAIVER AND RELEASE:

I HEREBY CONSENT TO THE FULL DISCLOSURE OF (PLEASE INITIAL):

_____ ONTARIO SEX OFFENDER REGISTRY **(Mandatory)
_____ CRIMINAL RECORD (ADULT) _____ CRIMINAL RECORD (YOUNG PERSON) *
_____ PROBATION, PROHIBITION AND OTHER JUDICIAL ORDERS WHICH ARE IN EFFECT _____ RECORDS OF "NOT CRIMINALLY RESPONSIBLE ON ACCOUNT OF MENTAL DISORDER"
_____ RECORD(S) OF CONVICTION FOR OFFENCES UNDER THE "CHILD & FAMILY SERVICES ACT" _____ PENDING CHARGES UNDER FEDERAL STATUTES
_____ OCCURRENCES _____ PENDING CHARGES UNDER THE "CHILD & FAMILY SERVICES ACT"

* PURSUANT TO SECTION 125 OF THE YOUTH CRIMINAL JUSTICE ACT, A YOUNG OFFENDER RECORD CAN BE MADE AVAILABLE TO THE YOUNG PERSON TO WHOM THE RECORD RELATES AND FOR THE PURPOSE OF GRANTING A SECURITY CLEARANCE.

TO: LEAMINGTON POLICE SERVICE, I HEREBY RELEASE AND DISCHARGE THE LEAMINGTON POLICE SERVICES BOARD MEMBERS, THE LEAMINGTON POLICE SERVICE, IT'S EMPLOYEES, IT'S AGENTS AND ASSIGNS ANY OTHER POLICE AUTHORITIES, FROM ANY AND ALL LIABILITY FOR SUCH DISCLOSURE INCLUDING ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS AND DEMANDS FOR DAMAGES, LOSS OR INJURY, HOWSOEVER ARISING, WHICH MAY HEREAFTER BE SUSTAINED BY MYSELF OR BY ANY OTHER PERSON AS A RESULT OF OR CONNECTED TO THE RELEASE OF THIS INFORMATION, AND WAIVE ALL RIGHTS THERETO.

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

SIGNATURE OF APPLICANT _____ DATE _____

NOTE: THE INFORMATION PROVIDED IS TO BE USED BY THE SPECIFIED AGENCY TO ASSESS SUITABILITY FOR THE PURPOSE NOTED ABOVE.

I hereby declare that the organization witness named below, has discussed with me, the information to be searched and released. (or, attach confirmation from Organization)

SIGNED THIS _____ STAMP OF ORGANIZATION

DAY OF _____ 20 _____

SIGNATURE OF APPLICANT _____

SIGNATURE - ORGANIZATION WITNESS _____ PRINT ORGANIZATION WITNESS NAME _____

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED UNDER THE AUTHORITY OF THE POLICE SERVICES ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS OR AGENCIES SO DESIGNATED BY THE WRITTEN CONSENT OF THE APPLICANT. QUESTIONS SHOULD BE DIRECTED TO: RECORDS ADMINISTRATION, LEAMINGTON POLICE SERVICE, P.O. BOX 99, LEAMINGTON, ONTARIO, N8H 3W1, (519) 326-6111.

THIS INFORMATION MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THIS INQUIRY. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.

LEAMINGTON POLICE SERVICE USE ONLY
IDENTIFICATION CONFIRMED BY: _____ DATE: _____
FEE PAID: [] WAIVED: [] DRIVER'S LICENCE #: _____
CRIMINAL RECORD CARD: _____ INFOS: _____
RMS QUERY: _____ CPIC: _____
CLEARANCE RECEIVED: _____ DATE: _____
(Applicant's Signature)