

Third Party Consent to Release Personal Information

I, _____
(Print full name of the person applying for the fingerprint background check)

born, _____, require criminal record verification in order to obtain
(Date of Birth, format YYYY-MM-DD)

a _____
(Specify the reason)

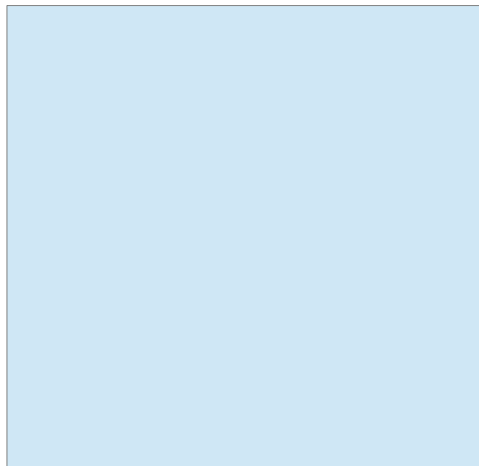
I hereby authorize the RCMP central repository of criminal records to release my Criminal Records Fingerprint Verification results to the following party:

RCTC Corp. - Visacenter.ca
1000 Finch Ave. West
Suite 900
Toronto, Ontario
M3J 2V5

I understand that I have the right to receive the results directly from the RCMP and that the assistance of a 3rd party is not necessary to obtain these results. I have read and signed the Informed Consent document and understand my rights with regard to obtaining criminal record information.

NOTE: To avoid any delays, an ink print MUST be placed in the box in order for your prints to be processed in a timely manner. Please CHECK the finger used for the Biometric Consent.

- Right Thumb
- Left Thumb
- Right Index
- Left Index
- Right Middle
- Left Middle
- Right Ring
- Left Ring
- Right Small
- Left Small



Applicant's Signature: _____

Date: _____
(Format YYYY-MM-DD)