



REGINA POLICE SERVICE
POLICE INFORMATION CHECK CONSENT

NAME OF APPLICANT: \_\_\_\_\_ GENDER: M/ F
Surname Given Name Middle Name(s)

MAIDEN NAME and/or ANY OTHER NAMES USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_
year/month/day

PHONE (HOME): \_\_\_\_\_ PHONE (CELL): \_\_\_\_\_

Have you ever been convicted of a criminal offence(circle): NO / YES - you may self declare on provided form

Table with 5 columns: Current Address, City, Province, Postal Code, Dates of residence. It contains five rows for tracking previous addresses over the last 5 years.

This check is being requested by \_\_\_\_\_ for (circle one): employment volunteer
Organization

AS \_\_\_\_\_ Position

Authorization for Police Information Check:

I consent to a search of all records available at the time the search is conducted, including pending charges, convictions and court orders registered in my name in the National Repository, the CPIC investigative, intelligence and identification databanks and the Regina Police Service local indices. I understand that if a possible record exists, it will not be disclosed unless identification has been confirmed by either myself or by fingerprints.

\_\_\_\_\_  
Date Signature

Authorization for Disclosure of Police Information Check Results (if applicable):

I consent to information contained in my criminal record being disclosed by a police force or other authorized body to the person or organization referred to above.

YES NO

Personal information in this application is collected pursuant to the Police Act and The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP). Questions or concerns should be directed to: Regina Police Service, Access and Privacy Team at 306-777-8656.

THIS AREA FOR REGINA POLICE SERVICE USE ONLY

Identification Produced: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Fingerprint Area:

Cash / Debit / Credit / Invoice Initials: \_\_\_\_\_