



REQUEST FOR FINGERPRINTS

TO BE COMPLETED BY APPLICANT –

Mailing Address (name, street, city, province, postal code)
Must Print Legibly Under Each Heading

Date of Request

____/____/____
yy mm dd

Last Name	First Name	Middle Name	
# and Street Name	Apt/Unit #	Maiden Name or other Surnames used	Other First Names
City Province Postal Code	Date of Birth ____/____/____ yyyy mm dd	Place of Birth	Gender

Reason for Request (State Below)

Reason—, check one. If other, please specify _____

<input type="checkbox"/> Adoption <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Employment (Federal Government) <input type="checkbox"/> Employment (Other) _____ <input type="checkbox"/> Employment (Police)	Name of Employer/Agency Requesting Prints: _____ <input type="checkbox"/> Employment (Private Industry) <input type="checkbox"/> Employment (Provincial Government) <input type="checkbox"/> Landed Immigrant Status <input type="checkbox"/> Name Change <input type="checkbox"/> National Sex Offender Registry	<input type="checkbox"/> Other _____ <input type="checkbox"/> Privacy Act Request <input type="checkbox"/> Record Suspension Application <input type="checkbox"/> Visa/Border Crossing/Foreign Travel/Work <input type="checkbox"/> Volunteer Employment
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Identification – one form MUST be Government Issued and include applicant's name, date of birth, signature and photo of applicant

Type of I.D. Produced	ID number
Type of I.D. Produced	ID number

Contact Information

Residential Phone	Business Phone	Cell Phone
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1. I hereby release and discharge the St Thomas Police Service and all members and employees of the said Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service. I hereby authorize the St Thomas Police Service to inquire into and disclose the results of any police records indicating criminal convictions, conditional and absolute discharges, outstanding criminal charges to me and to conduct a local police contact search with any Police Service in Canada.

2. I hereby authorize the RCMP national repository of criminal records to release my Criminal Record Search results to the St Thomas Police Service. I understand that I have the right to receive these results directly from the RCMP and that the assistance of a 3rd party is not necessary to obtain these results.

3. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it and agree to it in its entirety.

Applicant's Name: (Please Print) _____

Applicant's Signature _____

Personal information contained on this form is collected pursuant to the Police Services Act s.41 and is collected for the purpose of processing this police record check. Questions concerning this collection should be directed to St Thomas Police Service business office, 30 St Catharine Street, St Thomas, Ontario, N5P 2V8, 519-631-1224.