

U.S. Waiver Fingerprint Consent Form

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The Commissioner, RCMP			
ATT: Identification Service Directorate,	Civil Section		
· ·	, Civii Section		
Post Office Box 8885			
Ottawa, ON K1G 3M8			
RE: AUTHORIZATION FOR RCMP TO D	ISCLOSE THE RES	ULTS OF CRIMIN	NAL RECORD CHECK
I,	, hereby giv	ve consent to th	e Royal Canadian
Mounted Police to disclose the results	of a search of my	fingerprints aga	ainst the national
repository of criminal records in Canad	la to:		
PARDON APPLICATIONS OF CANADA 440 Laurier Avenue West, Suite 200 Ottawa, Ontario K1R 7X6		CCREDITED	RCMP ACCREDITED FINGERPRINTS
I fully understand that I am entitled to	receive this infor	mation persona	lly, and my refusal to
consent to disclose this information to		•	• •
negative consequences on my request			in this floor have any
negative consequences on my request	•		
Sincerely,			
{YOUR SIGNATURE}			

This Form is for U.S. Waiver Fingerprint Authorization Only – It Does Not Need to be Returned to PAC Pardon Applications of Canada is BBB Accredited (Ottawa) using RCMP Accredited Fingerprints Since 2011