



# CONSENT TO DISCLOSE PERSONAL INFORMATION

Type or print clearly, illegible information cannot be processed

Company Name

Company Address

## Applicant Information Section

I authorize the above named company through its "Agent" to obtain information regarding the items related to me and checked below:

☐ Credit Bureau Report

☐ Civil records Search

☐ Drivers' Abstract - \_\_\_\_ Years

☐ Enhanced Global Terrorist Report

☐ Bankruptcy Search

☐ Employment verification - \_\_\_\_ Years

☐ Education Verification - \_\_\_\_ Years

☐ OFAC Search

☐ Enhanced Reference Check - \_\_\_\_ Years

☐ Identification Verification

☐ Social Media Search

☐ PPSA Search

☐ Security Commission Search

☐ Media Search

☐ Professional Accreditation - \_\_\_\_ Years

☐ Other

☐ Criminal Search - Outside Canada

☐ Address Verification - \_\_\_\_ Years

**\*\*It is very important that you indicate any name changes, either through marriage, divorce or other legal changes\*\***

Applicant:      
LAST/SURNAME FIRST MIDDLE MAIDEN/FORMER SURNAMES OR NAME CHANGES

Address:     
STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE

Telephone #:  ☐ Male ☐ Female Driver's Lic #

Date of Birth:    Place of Birth :  SIN/SSN   
YEAR MONTH DAY CITY / PROVINCE / COUNTRY

## Applicant Signature Section

*By signing this waiver, I acknowledge full understanding of it's content and meaning and hereby give my informed consent.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_