



COMMISSIONAIRES

TRUSTED · EVERYDAY · EVERYWHERE

International Fingerprinting Form 2: Third Party Waiver Form

This form authorizes the RCMP to send the results to our office.

Please complete in full:

I, (Name) _____

Born: (Date of Birth) _____

hereby authorize the Royal Canadian Mounted Police central repository of criminal records to release my Criminal Record search results to the following third party:

**Commissionaires Ottawa
International ID Services
24 Colonnade Road
Ottawa, ON K2E 7J6
Canada**

I fully understand that I am entitled to receive this information personally, and my refusal to consent to disclosure of this information to the above person or company will not have any negative consequences on my request.

Signature: _____

Date: _____