



SURREY FINGERPRINT COMPANY

112-8232 120 St, Surrey, British Columbia, Canada, V3W 3N4

THIRD-PARTY CONSENT & AUTHORIZATION FORM

1. APPLICANT / CLIENT INFORMATION

Full Legal Name:

Date of Birth (YYYY-MM-DD):

Phone Number:

Email Address:

2. THIRD-PARTY DESIGNATED RECIPIENT ADDRESS

I hereby authorize the RCMP to mail my final results to the following designated third party:

Organization / Recipient Name:

Attention / Contact Person:

Mailing Address:

City, Province / State:

Postal Code / Zip Code &
Country:

3. APPLICANT DECLARATION & AUTHORIZATION

By signing below, I certify that I am the applicant named in Section 1. I hereby grant voluntary consent and explicitly authorize the Royal Canadian Mounted Police (RCMP) to release, disclose, and deliver my Certified Criminal Record Check results to the third party designated in Section 2. I acknowledge that neither the RCMP nor Surrey Fingerprint Company has any control over the privacy, security, or handling of the document once it leaves the possession of the RCMP. Consequently, I release both the RCMP and Surrey Fingerprint Company from any liability resulting from this authorized disclosure.

Applicant Signature

Date (YYYY-MM-DD)

