



U.S. Entry Waiver (I-192) Consent Form

____/____/____
MM DD YYYY

The Commissioner, RCMP
ATT: Identification Service Directorate, Civil Section
Post Office Box 8885 Ottawa, Ontario K1G 3M8

RE: AUTHORIZATION FOR RCMP TO DISCLOSE THE RESULTS OF CRIMINAL RECORD CHECK

I, _____, hereby give consent to the Royal Canadian Mounted Police to disclose the results of a search of my fingerprints against the national repository of criminal records in Canada to:

PARDON APPLICATIONS OF CANADA

ATTN: Client Care Department
World Exchange Plaza
45 O'Connor Street, Suite #1150
Ottawa, Ontario K1P 1A4

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

Sincerely,

**Place LEFT or RIGHT Thumb Print
CIRCLE Left or Right above.**

{SIGN YOUR FULL NAME HERE}

Colour of Hair: _____
Colour of Eyes: _____
Height: _____
Weight: _____