



U.S. Waiver Consent Form

_____, 20__

The Commissioner, RCMP

ATT: Identification Service Directorate, Civil Section

Post Office Box 8885

Ottawa, ON 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

440 Laurier Avenue West, Suite 200

Ottawa, Ontario

K1R 7X6



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,

{SIGN YOUR NAME HERE}

Fingerprints Requested for U.S. Waiver Application