Rev. 2015.07.20

MAIL WAIVER TO: RECORDS MANAGEMENT SERVICE
TORONTO POLICE SERVICES – 40 COLLEGE STREET
TORONTO, ONTARIO M5G 2J3

DO NOT WRITE IN THIS AREA

POLICE REFERENCE CHECK PROGRAM ***CONSENT TO DISCLOSURE OF PERSONAL INFORMATION***

To be used only to assist the Agency to determine the suitability of successful, candidates for employment and/or volunteer duties (including Agency board members and contact members) where individuals will have direct contact with children or vulnerable persons. Form must be legal size.

LAST NAME (Surname)	GIVEN 1 (FIRST NAME)
GIVEN 2 (MIDDLE NAME)	GIVEN 3
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)	DATE OF BIRTH YY MM DD

PLACE OF BIRTH	Gender	(AREA CODE) TELEPHONE # (RES.)	DRIVER'S LICENCE NUMBER

NUMBER STREET APT/UNIT #	CITY	POSTAL CODE	YEARS AT THIS ADDRESS:

***(PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)**

NUMBER STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:
NUMBER STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS:

REASON FOR REQUEST: EMPLOYMENT ☐ VOLUNTEER ☐ STUDENT ☐ OTHER (PLEASE SPECIFY) ☐

Agency name: TORONTO DISTRICT SCHOOL BOARD

WAIVER & RELEASE TO BE SIGNED BY INDIVIDUAL APPLYING FOR REFERENCE CHECK:

I hereby request the Toronto Police Service to undertake a police reference check on me by searching the appropriate data banks both, national and local to which the Service has access, and to provide me with a summary of any information revealed pursuant to the Police Reference Check Program. **I understand that, in addition to information on any previous convictions against me, information on charges that are ongoing will be disclosed in my reference check.** More information on the Police Reference Check Process or the categories of information that may be disclosed in a reference check is available at www.torontopolice.on.ca or by calling (416) 808-7991. I understand that the **results of my reference check will be mailed only to me** at the current address that I provide above.

I also consent to a search being made in the automated criminal records retrieval system maintained by the RCMP to find out if I have been convicted of and been granted a pardon for any of the sexual offences that are listed in the schedule to the *Criminal Records Act.* If I am suspected of being the person named in the criminal records for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the commissioner of the RCMP to the solicitor general of Canada, who may then disclose all or part of the information contained in that record to the Toronto Police Service or other authorized body. I understand that the Toronto Police Service will then disclose that information to me.

SIGNATURE OF APPLICANT AUTHORIZING REFERENCE CHECK TO BE CONDUCTED:

SIGNATURE OF APPLICANT

SIGNATURE of Agency Employee

SIGNED THIS_____ DAY OF _____ , 20 _____ .

Kathy Small / Ramona McLean Trentadue
Name of Agency Contact Person

416-393-0759
Phone Number

Forms not initialled and signed as required will not be processed. Please provide a copy of the executed form to the applicant.

Personal information on this form is collected and disclosed pursuant to the *Police Services Act*. The *Municipal Freedom of Information and Protection of Privacy Act* and the *Criminal Records Act* and will be used to disclose personal information only to the applicant upon receipt of the applicant's written consent. Questions should be directed to: Police Reference Check Programme, (416)808-7991. Additional information is also available on the Service's website at www.torontopolice.on.ca. This information may or may not pertain to the subject of this inquiry. Positive identification can only be confirmed through submission of fingerprints. **This is a detailed account of Canadian police information only for the above named applicant. If the applicant has resided in any country outside of Canada a separate vulnerable sector screening would need to be applied in each of those countries identified.**

PLEASE HAND PRINT YOUR COMPLETE NAME AND MAILING ADDRESS (AS SHOWN IN ABOVE ADDRESS BOX) IN THE BOX BELOW

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