

Consent to Release of Personal and/or Private Information Waiver and Release

FULL NAME:					
Surname F	First		Middle		
FORMALY KNOWN AS:Surname	First			Middle	
		SIN:			
DATE OF BIRTH:(yy/mm/dd)					
l,, in the	, e Province	of of	the	City/Town	of
having applied for a position with the Dak I am required to furnish information to be character, honesty and suitability for expenses and authorize any person, empinstitution or any other agency, business photocopy or facsimile is provided, to furnates, reports, opinions or other informational records, performance evaluations, of files, polygraph reports, medical, psychiat investigations, complaints or grievances files, income tax files, records and return the cords and police, probations and in any form, which may be requested in content the Dakota Ojibway Police Service.	ota Ojibway ne used to ne used to mployment oloyer, orga nish full disc non concern discipline r ric and psye illed by or a urns, credit nd parole re	y Police determi with the determing on (s) to color or co	Service me my he Police who of any include backger al files me, tradictions are cocuments	ee and recognize qualifications, m lice Service, her ce agency, finar a signed duplic and all records, fing employment fround investigation and reports, inteleping files, educates, military reconts or copies ther	rebyncial rete, ate, iles, files rnal rnal rds, reof,
I consent to the collection, use, disclosure compiled by the Dakota Ojibway Police Se		ıl and ex	kamina	tion of all informa	tion
Personal information about me that is o subsequent training and employment, mager the purposes for which it was obtained	y be disclos	sed to a	ny law		
I agree to waive any right of action a information or opinions in compliance with	•	•	or or	ganization provid	gnib
I hereby acknowledge and declare the information are fully understood by me,	e terms of	this a	uthoriza	ation for release	of
Applicants Name				Date	
Applicants Signature				Date	