



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

FULL NAME: \_\_\_\_\_  
Surname First Middle

FORMALY KNOWN AS: \_\_\_\_\_  
Surname First Middle

DATE OF BIRTH: \_\_\_\_\_ SIN: \_\_\_\_\_  
(yy/mm/dd)

I, \_\_\_\_\_, of the City/Town of \_\_\_\_\_

\_\_\_\_\_, in the Province of Manitoba, having applied for a position with the Manitoba First Nations Police and recognize that I am required to furnish information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Police Service, hereby request and authorize any person, employer, organization, police agency, financial institution or any other agency, business or person(s) to who a signed duplicate, photocopy or facsimile is provided, to furnish full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigations files, polygraph reports, medical, psychiatric and psychological files and reports, internal investigations, complaints or grievances filed by or against me, training files, education files, income tax files, records and returns, credit bureau checks, military records, criminal records and police, probations and parole reports, documents or copies thereof, in any form, which may be requested in connection with my application for employment with the Dakota Ojibway Police Service.

I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Manitoba First Nations Police.

Personal information about me that is obtained during the selection process, or any subsequent training and employment, may be disclosed to any law enforcement agency for the purposes for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare the terms of this authorization for release of information are fully understood by me,

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date