



CONSENT TO SEARCH AND DISCLOSURE OF PERSONAL INFORMATION

(Please Print In Blue Ink)

(Part 2)

Date Received table with columns YYYY, MM, DD

PD 1244 (R2010-04)B

I, _____, (name) do hereby consent to the search and disclosure by the Calgary Police Service (CPS) of the following records pertaining to me:

- Youth Criminal Record (for which a pardon has not been granted)
**Pursuant to the Youth Criminal Justice Act, the collected information can only be disclosed to the individual and not to the agency.
• Youth: Extra-Judicial Sanctions/Alternative Measures
Pre-Charge – Disclosed if in the public interest. The Calgary Police Service will make the determination on a case-by-case basis.
Post Charge – Disclosed for a 1 year period from date of completion
• Adult Criminal Record (for which a pardon has not been granted)
• Record of any Absolute Discharge (disclosed for a period of 1 year)
Conditional Discharge (disclosed for a period of 3 years)
Stay of Proceedings (disclosed for a period of 1 year)
• Adult Alternative Measures (Disclosed for a period of 1 year from the date of completion)
• Pending charges, outstanding warrants and ongoing investigations
• Probation order, prohibition orders, peace bonds, recognizance orders, and any other judicial orders which are in effect
• Record of not criminally responsible by reason of mental disorder pursuant to section 16(1) of the Criminal Code (will be disclosed only if it is determined to be in the public interest. CPS will make the determination on a case-by-case basis).
• Relevant occurrence reports – this may include any relevant occurrence which is not included in the above records or orders and which is determined by the CPS to be relevant to the position being applied for. A relevant occurrence may not have resulted in charges being laid, but will be reported if there is potential risk to public safety.
• Vulnerable Sector Record Search (pardoned sex offender) – a search will be conducted for all individuals in a position of trust that will be working or volunteering with vulnerable people. (Note: Vulnerable people are individuals who are at greater risk of being harmed than the general population, because of age, disability, handicap or circumstances, whether temporary or permanent).

NOTE: Police Information Checks can only provide information found at the time of the check, based on information provided by the applicant. The Calgary Police Service does not guarantee completeness of the above listed disclosures, and is limited to information available on search databases. The search does not include information found in any other jurisdiction's local police information systems; nor does it include court information from any other provinces, except convictions registered on the National Repository for Canada, and information entered onto the Canadian Police Information Centre system. THIS CHECK IS BASED ON CANADA-WIDE INFORMATION ONLY.

WHERE APPLICATION IS BEING MADE THROUGH AN AGENCY:

(Initial)

In the event no information about me is found, I consent that the Calgary Police Service disclose that fact to the Agency. If information is identified, I consent that the Calgary Police Service disclose that fact, but not the specific information, to the Agency.

(Initial)

I understand that any interactions I have had with police may be disclosed, including mental health occurrences, if they are deemed to be relevant.

(Initial)

I understand that upon release of the above information, the Calgary Police Service waives any responsibility for the use, application or dissemination of such information by me or by the agency.

(Initial)

I agree to waive and forever discharge the Chief of Police and the Calgary Police Service (CPS) from all manner of actions, causes of action, proceedings, claims, losses, damages, demands and expenses of whatsoever kind which may be brought or made against the CPS or which the Chief or the CPS may suffer, sustain or pay as a result of, or connected to, the search, collection and release of this information.

PLEASE SIGN IN FRONT OF: POLICE INFORMATION CHECK UNIT STAFF / OR AGENCY CONTACT PERSON.

I understand that any specific disclosure information will only be released to me.

Applicant Signature

Date