



*The Local Authority Freedom of Information and Protection of Privacy Act*  
**Police Information Check Consent**

**NAME OF APPLICANT:** \_\_\_\_\_ **GENDER:** M/ F/ X  
Surname Given Name Middle Name(s)

**MAIDEN NAME and/or ANY OTHER NAMES USED:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
year/month/day

Current Address	City & Province	Postal Code	Dates of residence

**Requesting Organization:** **REGINA EXHIBITION ASSOCIATION LIMITED** **for:** **VOLUNTEER PURPOSES**  
Organization

as \_\_\_\_\_  
 Volunteer Position

**Authorization for Police Information Check:**

I consent to a search of all records available at the time the search is conducted, including pending charges, convictions and court orders registered in my name in the National Repository, the CPIC investigative, intelligence and identification databanks and the Regina Police Service local indices. I understand that if a possible record exists, it will not be disclosed unless identification has been confirmed by either myself or by fingerprints.

\_\_\_\_\_  
 Date Signature

**Authorization for Disclosure of Police Information Check Results (if applicable):**

I consent to information contained in my criminal record being disclosed by a police force or other authorized body to the person or organization referred to above.

**YES NO**

Personal information in this application is collected pursuant to the Police Act and *The Local Authority Freedom of Information and Protection of Privacy Act (LA FOIP)*. Questions or concerns should be directed to: Regina Police Service, Access and Privacy Team at 306-777-8656.

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**THIS AREA FOR REGINA EXHIBITION ASSOCIATION LIMITED USE ONLY**  
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Identification Produced: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Initials: \_\_\_\_\_