

CONSENT FOR CRIMINAL RECORD AND INDICES CHECK

Surname _____ Given 1 _____ Given 2 _____

Birthdate Year _____ Month _____ Day _____

Birthplace City _____ Country _____

Whereas I have applied for the New Westminster Police Student Police Academy and I am required by the New Westminster Police Department to disclose whether or not I have any convictions or have been charged with any Federal Enactment;

And whereas I understand that disclosure of a Criminal Record may not necessarily preclude me from the function I have applied for;

And whereas I understand that if the New Westminster Police Department should decide any convictions or charge disclosed might preclude me from the function I have I applied form I will be given the opportunity to see and discuss that Criminal Record;

I therefore authorize the New Westminster Police Department on my behalf to inquire into and determine whether or not I have a Criminal Record, and also make to the New Westminster Police Department a full and complete disclosure of any Criminal Record they may find.

Dated: Year _____ Month _____ Day _____

Student Signature: _____

Parent/Guardian: _____