



Authorization of Release of Information

Surname:		All Given Names:	
Maiden Name: (if applicable)		Date of Birth:	
Social Insurance Number:		Driver's Licence Number:	
Home Addresses in Last 5 Years:			

The undersigned hereby authorizes any physician, employer, organization or person to whom a signed copy, facsimile transmittal or a photocopy of this authorization thereof is delivered, to provide any information, opinion, reports, records or copies thereof, which may be requested by a representative of the Nishnawbe-Aski Police Service in connection with the background investigation relating to my application for employment with any First Nation Territory, and specifically, all checked items:

<input checked="" type="checkbox"/> Academic records and transcripts	<input checked="" type="checkbox"/> Police records including applicant files and history of law involvement
<input checked="" type="checkbox"/> Employment Records	<input checked="" type="checkbox"/> Driving record check
<input checked="" type="checkbox"/> Military and police service records as applicable (includes complaint, disciplinary investigations and results)	<input checked="" type="checkbox"/> Criminal record check
<input checked="" type="checkbox"/> Medical information	<input checked="" type="checkbox"/> Character and reference checks
<input checked="" type="checkbox"/> Financial information including credit bureau check	<input checked="" type="checkbox"/> Other

I understand this information will be used to assess my qualifications and suitability in relation to my application for employment as an employee of the Nishnawbe Aski Police Service. I further understand that any questions that I may have concerning the collection of this information should be addressed to the Chief of Police, Nishnawbe-Aski Police Service Headquarters, 309 Court Street South, Thunder Bay, ON P7B 2Y1.

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

In witness whereof, I have hereunto set my hand:

Signature:	Date:
Witness Signature:	Date: