



CONSENT OF RELEASE OF FINGERPRINT CHECK (RCMP)



**TO: Information and Identification Services
Canadian Criminal Record Information Services**

I _____, hereby consent to the release of the results of my Criminal Record Check to the City of Whitehorse, Bylaw Services.

Please do not send the results to me, but instead forward results to:

Bylaw Services
City of Whitehorse
305 Range Road
Whitehorse, YT
Y1a 3e5

Dated this ____ day of _____, 20__.

Applicant Signature: _____
(Signed at time of application process)