



**TORONTO POLICE SERVICE
 CONSENT TO DISCLOSURE OF PERSONAL INFORMATION
 NAME CHANGE ACT**

\$45.00

PLEASE PRINT

SURNAME		GIVEN NAMES			
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		DATE OF BIRTH YY MM DD			
PLACE OF BIRTH	SEX	TELEPHONE #		DRIVER'S LICENCE NUMBER	
EMAIL ADDRESS					
NUMBER	STREET	APT/UNIT#	CITY, PROVINCE	POSTAL CODE	YEARS AT THIS ADDRESS

*** (PROVIDE PREVIOUS ADDRESSES IF YOU DID NOT RESIDE AT THE ABOVE ADDRESS FOR MORE THAN FIVE YEARS)

NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	YEARS AT THIS ADDRESS

WAIVER & RELEASE

SIGNATURE OF APPLICANT _____

SIGNED THIS _____ DAY OF _____ 20____

PERSONAL INFORMATION ON THIS FORM IS COLLECTED AND DISCLOSED PURSUANT TO THE POLICE SERVICES ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED TO DISCLOSE PERSONAL INFORMATION ONLY TO THE PERSONS OR AGENCY SO DESIGNATED BY THE WRITTEN CONSENT OF THE APPLICANT. QUESTIONS SHOULD BE DIRECTED TO: POLICE REFERENCE CHECK PROGRAMME, TORONTO POLICE SERVICES, 40 COLLEGE STREET, 4TH FLOOR, TORONTO ONTARIO, M5G 2J3 OR PHONE (416) 808-7991. THIS INFORMATION MAY OR MAY NOT PERTAIN TO THE SUBJECT OF THIS INQUIRY. POSITIVE IDENTIFICATION CAN ONLY BE CONFIRMED THROUGH SUBMISSION OF FINGERPRINTS.