

INVESTIGATIVE ASSOCIATES & CONSULTANTS

AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS

I, _____, authorize the **Royal Canadian Mounted Police** to release to **Investigative Associates & Consultants, Inc.**, my Canadian criminal record information and release the company and its agent, including its officers, employees, and representatives, from all liability or responsibility for this investigation, which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, credit consumer history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that refusal to give consent to release information this information will not negatively affect my request. **I understand that the information requested below regarding sex, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Last First (Birth) Middle
(Please print Full Name – Do not use initials)

Maiden, and other names used
(If married less than 7 years)

(Applicant's Telephone Number)

Mo. Day Yr
Date of Birth

Sex Race

Present Address City/State Zip/County

Last Canadian Address

Applicant's Signature Date

Return to:
Investigative Associates & Consultants, Inc
3775 Vest Mill Road
Suite D
Winston-Salem, NC 27103
United States of America

