PRIVACY WAIVER

I,	, D. O. B:	, am applying to Kateri
(Print Name	()	(Y/M/D)
Memorial Hospital for the p I understand that this is a po- has a duty to inquire into an		e Community of Kahnawake and that KMHC applicant's previous criminal convictions.
I hereby assert that:		
OR I have been convict		offenses (please state the type of offense, the
date of conviction,	sentence imposed and, if appli	licable, date on which pardon was issued):
		(Initials)
under the Criminal Code o any offense for which you	r any other applicable law. `have obtained a formal pardo	Your response should include a reference to on. The fact that you have been convicted of pplication but does not necessarily make you
as, in its sole discretion, ma offense in Canada or the U	by be necessary to verify when United States of America. For	I Centre request and obtain such information ether I have ever been convicted of a criminal For this purpose, I hereby agree to waive all nerwise claim under Kahnawake, federal or
Centre and will be kept in a this information will be us	a confidential file in the Perse sed only for the purpose of	the property of the Kateri Memorial Hospital sonnel Department. I understand further that determining if I am a suitable and reliable r may apply to the Kateri Memorial Hospital
	and agree with the content ocument are complete and a	nts of this document and I attest that the accurate.
Signed within the Mohawk	Territory of Kahnawake on _	
Signed within the Monawk	Territory of Kalillawake oil _	Date
Signature of Applic	 ant	Witness