



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

Authorization of Release Background Check

To Whom It May Concern:

I, _____ hereby direct and authorize the Johnston Police Department to review any criminal record that is on file with the Bureau of Criminal Identification of the Department of Attorney General for the State of RI in reference to me. Any disqualifying information found will result in a letter to the requesting agency/school and me, disqualifying me from volunteering.

Information produced by a criminal records review pertaining to conviction for the following crimes will result in a letter to the school disqualifying the applicant from volunteering: murder, voluntary manslaughter, involuntary manslaughter, first degree sexual assault, second degree sexual assault, third degree sexual assault, first degree child molestation, second degree child molestation, sexual assault, assault on persons sixty (60) years of age or older, assault with intent to commit specified felonies (murder, robbery, rape, burglary or the abominable and detestable crimes against nature), felony assault, patient abuse, neglect or mistreatment of patients, burglary, first degree arson, robbery, felony drug offenses, larceny or felony banking law violations.

I hereby waive and release any and all manner of actions, cause of actions and demands of every kind, nature and description, arising from any release of criminal records and request therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification and Investigation, and the employees of the **Johnston Police Department** in both law and equity, which I may have now or in the future.

Signature of Applicant

Date

Note: Copy of photo identification with date of birth must accompany this Disclaimer!!



JOHNSTON POLICE DEPARTMENT

Chief of Police, Mark A. Vieira

Criminal Background Check (BCI)

Applicant's Information

Name: (Last)		(First)	(M)
Address:			
Date of Birth:	Social Security #:	License State:	License #:
Maiden Name:		Alias:	
Phone:		E-Mail:	

School/Requesting Agency Information

Name:
Address:
Contact Person:
Phone #: