



# JOHNSTON POLICE DEPARTMENT

*Chief of Police, Joseph P. Razza*

## Authorization of Release Background Check

To Whom It May Concern:

I,  hereby direct and authorize the Johnston Police Department to conduct a Rhode Island Criminal Background Check on me, regardless of whether such inquires seek public record, private, privileged, or confidential information. This Authorization of Release of information is solely for the purpose of conducting criminal history background inquires on the aforementioned party.

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, the employees of the **Johnston Police Department** in both law and equity, which I may have now or in the future.

**Applicant's Signature**

**Date**

**\*NOTE: COPY OF PHOTO IDENTIFICATION WITH A DATE OF BIRTH MUST ACCOMPANY THIS DISCLAIMER!**



# JOHNSTON POLICE DEPARTMENT

Chief of Police, Joseph P. Razza

## CRIMINAL BACKGROUND CHECK (BCI)

### Applicant's Information

<b>Name: (Last)</b>		<b>(First)</b>		<b>(MI)</b>	
<b>Address:</b>			<b>City/Town:</b>		<b>State:</b>
<b>Zip Code:</b>			<b>Date of Birth:</b>		<b>Social Security #:</b>
<b>License State:</b>		<b>License Number:</b>			
<b>Maiden Name:</b>			<b>Alias:</b>		
<b>Phone:</b>		<b>E-Mail:</b>			

### Requesting Agency/School Information

<b>Name:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Phone #:</b>	<b>E-Mail:</b>