



## REQUEST FOR CRIMINAL RECORDS CHECK

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Disclaimer:

I, \_\_\_\_\_, request that the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Boys & Girls Clubs of Newport County, Inc. any criminal record that I may have on file with the Bureau of Criminal Identification.

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 requests therefrom, whatsoever against the Boys & Girls Clubs of Newport County, Inc., the employees of the Boys & Girls Clubs of Newport County, Inc., the State of Rhode Island, Bureau of Identification, and Attorney General, and the employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

\_\_\_\_\_  
Signature of Applicant

Below is for notary's use only.

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
[Notary Public]

My commission expires: \_\_\_\_\_

Please supply a photo copy of your driver's license with this notarized form.