

Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Office of the Attorney General for the State of Rhode Island to make available to _____ any criminal record, including a record of any State arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation, in reference to me.

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 State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Office of the Attorney General in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____ State of _____
this _____ day of _____, 20____.

Notary Public

Commission Expires

Note: Copy of photo identification with date of birth must accompany this disclaimer.
Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.