



STATE OF RHODE ISLAND  
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920  
(401) 274-4400 • [www.riag.ri.gov](http://www.riag.ri.gov)

*Peter F. Neronha*  
*Attorney General*

SCHOOL VOLUNTEER BACKGROUND CHECK REQUEST AND AUTHORIZATION

Notice:

The request attached is per R.I. Gen. Laws § 16-2-18.4.

This following release of information should be completed within one week of any person who is a prospective volunteer of a private school or public school department and who may have direct and unmonitored contact with children and/or students on school premises.

This request should only be made for a RI school department.

The R.I. Attorney General's Office will notify the school department in writing that disqualifying information has been discovered via e-mail.

The e-mail is sent to the e-mail on file with our office. For questions regarding e-mails on file, please email our office at [BCISate@riag.ri.gov](mailto:BCISate@riag.ri.gov).

Please reach out to the school prior to submitting this request.

If you are requesting this by mail:

- A signed and notarized volunteer form
- A copy of a valid form of photo identification
  - Valid state issued driver's license
  - Valid state issued identification card
  - Valid United States passport
- Check or money order for \$5.00, payable to "BCI". Credit Cards and cash not accepted by mail.
- Mail all documents above to the following address:

Rhode Island Office of The Attorney General  
4 Howard Ave  
Cranston RI 02920



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*Attorney General*

Full Name of **Volunteer**: \_\_\_\_\_  
Maiden Name (if different): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Volunteer Address: \_\_\_\_\_  
Volunteer Email: \_\_\_\_\_

SCHOOL VOLUNTEER BACKGROUND CHECK REQUEST AND  
AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_ (print name) am requesting a **State of Rhode Island** criminal background check for the purpose of volunteering at a private school or public school department, pursuant to R.I. Gen. Laws § 16-2-18.4. I understand that this State of Rhode Island criminal records check will include a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Rhode Island Department of Attorney General Bureau of Criminal Identification and Investigation, in reference to me.

I hereby direct and authorize the Bureau of Criminal Identification and Investigation to conduct such a background check and to notify \_\_\_\_\_ (school department) in writing of the existence or the absence of disqualifying information, as that term is defined in R.I. Gen. Laws § 16-2-18.4(e) based on the state criminal records check.

I understand that in the event disqualifying information is found on my state record, the Bureau of Criminal Identification and Investigation will inform me of that fact via the email on file and will not disclose the nature of the disqualifying information or my criminal record to a third party without my written authorization.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of information pursuant to this request, against the State of Rhode Island, the Attorney General, the Rhode Island Department of Attorney General and its employees in both law and equity which I may have now or in the future.

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

\_\_\_\_\_  
Date

**Mailed-in requests only – require this form to be notarized as well as a colored photocopy of a government-issued photo identification and payment of \$5.00 in the form of a check or money order.**

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Notary Stamp required.