DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK
FOR SCHOOL VOLUNTEERS ONLY

Full Name of **Volunteer**: _____
Maiden Name (if different): _____
Date of Birth: _____
Volunteer Address: _____
Volunteer Email: _____Phone:_____
School (Name and City/Town): _____

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 <u>only</u> – require this form to be notarized as well as a colored photocopy of a government-issued photo identification.

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

_____
Notary Public

_____
Commission Expires

Notary Stamp required.

OC USE ONLY	
Check No. _____	
Received from: _____	Date received: _____

The cost is $5.00 per disclaimer. Checks made payable to: **BCI**
NO PERSONAL CHECKS ACCEPTED
Mail to: Office of Compliance, 80 St. Mary's Drive, Cranston, RI 02920

May 2023