



STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

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Peter F. Neronha
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 PPSD/FAMILY ENGAGEMENT OFFICE (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

Require this form to be notarized as well as a photocopy of government issued photo identification.

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

Notary Public

Notary Stamp required.

Commission Expires

**INVESTIGACION CRIMINAL PARA VOLUNTARIO DE ESCUELA**

**VOLUNTEER BACKGROUND CHECK REQUEST AND  
AUTHORIZATION TO RELEASE INFORMATION**

**Nombre completo del solicitante:** \_\_\_\_\_

**Nombre de soltera / otros nombres utilizados:** \_\_\_\_\_

**Fecha de nacimiento: Dirección del solicitante:** \_\_\_\_\_

**AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN**

Yo \_\_\_\_\_ (nombre completo impreso) por la presente ordena y autoriza a la Oficina de Identificación e Investigación Criminal del Departamento del Fiscal General de Rhode Island a poner a disposición de \_\_\_\_\_ **PPSD/FAMILY ENGAGEMENT OFFICE** accesible por la Oficina de Identificación e Investigación Criminal en referencia a mí. Por el presente renuncio y libero cualquier tipo de acciones, causas de acciones y demandas de todo tipo, naturaleza y descripción, que surjan de cualquier divulgación de antecedentes penales y solicitudes de los mismos, contra el Estado de Rhode Island, la Oficina de Identificación e Investigación Criminal, el fiscal general y los empleados del Departamento del Fiscal General tanto en derecho como en equidad que pueda tener ahora o en el futuro.

Firma del solicitante Juramentado \_\_\_\_\_

ante mí en la ciudad \_\_\_\_\_ de estado  
de \_\_\_\_\_ este día \_\_\_\_\_ de, 20 \_\_\_\_ .

Notary Public

\_\_\_\_\_

Notary Stamp required.

Commission Expires