



SCHOOL VOLUNTEER
AUTHORITY FOR RELEASE OF INFORMATION
(Pursuant to RI General Law 16-2-18.4)

NAME _____ DOB _____
MAIDEN NAME _____ SSN _____
LICENSE # _____ STATE _____ PHONE# _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS: _____

Please list all states, except Rhode Island, where you have previously resided: _____

This release, when presented to a duly authorized representative of the Warren/Bristol Police Department will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that, which may be confidential and privileged in nature. This includes, but is not limited to, employment information, military information, residence records and police or criminal records.

This information is given in connection with a personal background investigation being conducted by the Police Department for the purpose of:

Volunteer Work: Bristol Warren Regional School District

- School (Check all that apply):
___ Mt. Hope High ___ Colt Andrews Elementary
___ Kickemuit Middle ___ Guiteras Elementary
___ Hugh Cole Elementary
___ Rockwell Elementary

SIGNATURE: _____ DATE: _____

It is understood that photocopies of this release may be considered as originals.

FOR OFFICE USE ONLY:

The above information was verified by reviewing the following form(s) of government issued identification

Verified by: _____

PHOTO COPY ID HERE

DISQUALIFYING INFORMATION

Officers Signature: _____ Date: _____

[] YES [] NO