DEPARTMENT OF POLICE

176 First Avenue
East Greenwich, Rhode Island 02818

COLONEL STEPHEN J BROWN
CHIEF OF POLICE
TELEPHONE: (401) 884-2244 ▪ 886-8639 ▪ FAX: (401) 885-0996

Name: _____
(Print or Type)
Maiden Name: _____

D/O/B: _____

Students Name(s)_____

DISCLAIMER

I, _____ hereby direct and authorize the East Greenwich Police Department to make available to the East Greenwich Public Schools any criminal record that the Bureau of Criminal Identification has on file 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 Town of East Greenwich, State of Rhode Island, Bureau of Criminal Identification, the Attorney General and employees of these offices 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

****** YOU MUST SUBMIT A COPY OF YOUR PHOTO IDENTIFICATION WITH THIS FORM OR IT WILL NOT BE PROCESSED BY THE POLICE DEPARTMENT******