

(Please Print or Type)

Name:	Maiden Name:	
Mailing Address:	Residence Address (if different)	
City/State/Zip:	Day Phone:	Eve. Phone
Date of Birth:	Officiating/Name of Sport	

DISCLAIMER

I *(insert name)* _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to:

(Officials Assigning Board/Association's Name & Address)
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 there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office 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 _____, 200

Notary Public

Commission Expires