

NAME: _____
(Print or Type)

MAIDEN NAME: _____

DATE OF BIRTH: _____

DISCLAIMER

I, _____, 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 the Diocese of Fall River, P.O. Box 2577, 450 Highland Ave., Fall River, MA 02722 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 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 _____, 20_____.

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth MUST accompany this Disclaimer.