



DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

Full Name: _____ Maiden Name: _____
(PRINT First and Last)

Date of Birth: _____

RELIGIOUS: Priest ___ Deacon ___ Seminarian ___ Brother/Sister ___ Transitional Deacon ___ Deacon Candidate ___

EMPLOYEES ONLY: Principal/Administrator ___ Teacher ___ Substitute Teacher ___ Other Employee ___

VOLUNTEERS ONLY: COACH ___ Catholic Scouting ___ Other (specify) _____

SPECIFY LOCATION(S) WHERE YOU WORK OR VOLUNTEER IN THE DIOCESE ONLY:

PARISH: _____ City/Town: _____

SCHOOL: _____ City/Town: _____

AGENCY: _____ City/Town: _____

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 Providence 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 _____, 20____

Notary Public Commission Expires:

OC USE ONLY

Check No. _____

Received from: _____ Date received: _____

NOTE: LEGIBLE copy of FRONT AND BACK of government photo identification with date of birth must accompany this Disclaimer. (Examples – license, passport, Governmental ID) Please return disclaimers to your Parish, School or Agency.

FOR PARISH/SCHOOL/AGENCY: The cost is \$5.00 per disclaimer. Checks made payable to: **BCI NO PERSONAL CHECKS ACCEPTED**

Mail to: Office of Compliance, 80 St. Mary's Drive, Cranston, RI 02920