

Burrillville School Department

ADMINISTRATIVE OFFICES
2300 BRONCO HIGHWAY
HARRISVILLE, RI 02830



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BSD CRIMINAL IDENTIFICATION WAIVER AUTHORIZATION

I am interested in volunteering in the Burrillville Public Schools.

Select School(s): BHS BMS WLC SFE ATL

Name: _____ Maiden Name: _____

Date of Birth: _____

Phone Number: _____

Current Address: _____ City: _____ State: _____

Disclaimer

I, the individual named above, am requesting a State of Rhode Island criminal background check for the purpose of volunteering at a private school or public school department, pursuant to R.I. Gen. Laws § 16-2-18.4. I understand that this State of Rhode Island criminal records check will include a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Rhode Island Department of Attorney General Bureau of Criminal Identification and Investigation, in reference to me.

I hereby direct and authorize the Bureau of Criminal Identification and Investigation to conduct such a background check and to notify The Burrillville School Department in writing of the existence or the absence of disqualifying information, as that term is defined in R.I. Gen. Laws § 16-2- 18.4(e) based on the state criminal records check.

I understand that in the event disqualifying information is found on my state record, the Bureau of Criminal Identification and Investigation will inform me of that fact via the email on file and will not disclose the nature of the disqualifying information or my criminal record to the school department without my separate written authorization.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of information pursuant to this request, against the State of Rhode Island, the Attorney General, the Rhode Island Department of Attorney General and its employees in both law and equity which I may have now or in the future

Signature of Applicant

Sworn to before me in the City of _____, State of _____ this _____ day of _____, _____.

Notary Public

Commission Expires