

TIVERTON POLICE DEPARTMENT

Request for BCI Background Check



Name:	
Maiden Name:	Date of Birth:
Street Address:	
City/Town:	State:

DISCLAIMER

I, _____ (Print Name)
hereby direct and authorize the Tiverton Police Department to make available to any criminal record that the Rhode Island Bureau of Criminal Identification (of the Rhode Island Attorney General's Office) has on file in reference to me. I understand that, in order to accomplish this, a member of the Tiverton Police Department will check my criminal record through RILETS (Rhode Island Law Enforcement Telecommunications System), a subsection of NLETS (National Law Enforcement Telecommunications System).

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 Tiverton, the Tiverton Police Department, and employees of the Tiverton Police Department in both law and equity which I may now have or in the future may have.

Signature of Applicant

Before a Notary Public, subscribed and sworn to before me in _____ Rhode Island
this _____ day of _____ 20____

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer. There is a Five Dollar (\$5.00) charge for this service.