



NORTH KINGSTOWN POLICE DEPARTMENT

8166 POST ROAD, NORTH KINGSTOWN, RHODE ISLAND 02852

Telephone: (401) 294-3311 FAX: (401) 294-6830

Administrative Offices: (401) 294-3316

CHIEF OF POLICE
Patrick Flanagan

NAME: _____

MAIDEN NAME (If Applicable): _____

DOB: _____

DISCLAIMER

I, _____ HEREBY DIRECT AND AUTHORIZE THE NORTH KINGSTOWN POLICE DEPARTMENT TO CONDUCT A RHODE ISLAND CRIMINAL HISTORY CHECK (BCI) ON ME FOR _____.

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 CRIMINAL RECORDS FOUND AND REQUESTS THEREFROM, WHATSOEVER AGAINST THE NORTH KINGSTOWN POLICE DEPARTMENT, EMPLOYEES OF THE NORTH KINGSTOWN POLICE DEPARTMENT, THE TOWN OF NORTH KINGSTOWN, AND THE STATE OF RHODE ISLAND BCI DIVISION 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 / TOWN OF _____, STATE OF RHODE ISLAND THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

COMMISSION EXPIRES

NOTE: COPY OF PHOTO IDENTIFICATION WITH DATE OF BIRTH AND \$5.00 MUST ACCOMPANY THIS DISCLAIMER OR YOUR REQUEST WILL NOT BE PROCESSED