



Hopkinton Police Department

395A Woodville Road
Hopkinton, RI 02833

John S. Scuncio,
Chief of Police

401.377.7750
FAX 401.377.7755

NAME: _____

MAIDEN NAME/ALIAS: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

I am seeking to volunteer with _____
and I hereby direct and authorize the Hopkinton Police Department to review any criminal record that is 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 or any municipality and the employees of the Hopkinton Police Department in both law and equity which I may now have or in the future may have.

(Signature)

(Date)

DO NOT FILL IN BELOW THIS LINE

_____ Have no criminal record.

_____ Have a criminal record.

Record: _____

Signed: _____
(Chief of Police)

Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

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 _____ 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 _____, 2007

Notary Public

Commission Expires

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