## DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

Full Name: Date of Birth:			(PRINT First and Last)						
RELIGIOUS	S: Priest	_ Deacon	_ Seminarian	Brother/Sist	er Transit	ional Deacon _	Deacon C	Candidate	
EMPLOYEI	ES ONLY: P	rincipal/Adm	ninistrator	Teacher	_ Substitute	Teacher	Other Emp	oloyee	
VOLUNTER	ERS ONLY: C	COACH	_ Catholic S	Scouting	Other (spec	ify)			
SPECIFY L	OCATION(S)	WHERE Y	OU WORK OR	R VOLUNTEE	R IN THE DIO	OCESE ONI	LY:		
PARISH:					City/Town:				
SCHOOL: _									
				DISCLAIN	<u>1ER</u>				
I	of Attorney Ger	eral for the S						dentification of the iminal record that	
the Bureau of actions, and whatsoever a	of Criminal Iden demands of eve against the State	tification has ery kind, natu e of Rhode Isl	on file in refere re and description	ence to me. I he on, arising from Criminal Identi	reby waive and any release of a fication, the Att	release any and criminal records orney General,	l all manner of and requests	of actions, cause of	
						Sig	nature of Ap	plicant	
Sworn to bef	fore me in the C	ity of			State of		this	day of	
	, 2	20							
						Notary Pu	blic Commissi	on Expires:	
Charl	· No			OC USE ON	NLY				
Check	K No								
Receiv	ved 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