DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

Full Name:(PRINT First and Last)		Maiden Name:	
	_		
Brother/Sister	Transitional Deaco	n Deacon Cand	lidate
Teacher	Substitute Teacher	Other Employ	ree
e Scouting	Other (specify)		
OR VOLUNTEER I	N THE DIOCESE O	ONLY:	
City/T	own:		
City/7	 Γown:		
DISCLAIME	<u>R</u>		
hereby dire	ct and authorize the Bure	eau of Criminal Iden	tification of the
erence to me. I herebotion, arising from an of Criminal Identification	by waive and release any y release of criminal recontion, the Attorney Generation was have.	and all manner of ac ords and requests the ral, and employees o	ctions, cause of ere from, f the Attorney
		Signature of Applic	ant
	State of	this	day of
	Notar	y Public Commission I	Expires:
OC USE ONL	Υ		
	Date received:		
	Brother/SisterTeacher c Scouting DR VOLUNTEER I City/T City/T City/T hereby directed island to make available erence to me. I herebotion, arising from any of Criminal Identification ow have or in the fut	Brother/Sister Transitional Deaco Teacher Substitute Teacher c Scouting Other (specify) DR VOLUNTEER IN THE DIOCESE C City/Town: City/Town: City/Town: Parence to me. I hereby waive and release any stion, arising from any release of criminal recoff Criminal Identification, the Attorney Gene ow have or in the future may have. State of Notar OC USE ONLY	Brother/Sister Transitional Deacon Deacon Cance Teacher Substitute Teacher Other Employ c Scouting Other (specify) DR VOLUNTEER IN THE DIOCESE ONLY: City/Town: City/Town: City/Town: Place Laimer hereby direct and authorize the Bureau of Criminal Identerence to me. I hereby waive and release any and all manner of action, arising from any release of criminal records and requests the off Criminal Identification, the Attorney General, and employees of own have or in the future may have. Signature of Applic State of this Notary Public Commission FOC USE ONLY

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