## DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

| EMPLOYEES ONLY:       Principal/Administrator Teacher Substitute Teacher Other Employee         VOLUNTEERS ONLY:       COACH Catholic Scouting Other (specify)         SPECIFY LOCATION(S) WHERE YOU WORK OR VOLUNTEER IN THE DIOCESE ONLY:         PARISH:   |  |  | ·  | Maiden Nar   | ne:  |   |
|---|--|--|--|--|--|---|
| VOLUNTEERS ONLY:       Catholic ScoutingOther (specify)   | RELIGIOUS: Priest]   | Deacon Seminarian  | _Brother/Sister _  | Transitional Deacon _  | Deacon C   | andidate  |
| SPECIFY LOCATION(S) WHERE YOU WORK OR VOLUNTEER IN THE DIOCESE ONLY:          PARISH:   | <b>EMPLOYEES ONLY:</b> Pri   | ncipal/Administrator   | Teacher  | Substitute Teacher   | Other Emp  | loyee   |
| PARISH: City/Town:<br>SCHOOL: City/Town:<br>AGENCY: City/Town:<br>AGENCY: City/Town:<br>DISCLAIMER<br>I Chrome General for the State of Rhode Island to make available to the Diocese of Providence any criminal Identification of<br>Department of Attorney General for the State of Rhode Island to make available to the Diocese of Providence any criminal records and requests there from,<br>whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney<br>General's Office in both law and equity which I may now have or in the future may have.<br>Signature of Applicant<br>Sworn to before me in the City of State of State of this day of<br>Notary Public Commission Expires:<br>OC USE ONLY           | VOLUNTEERS ONLY: CO  | ACH Catholic Sc  | outing   | Other (specify)  |  |   |
| SCHOOL: City/Town: City/Town: AGENCY: City/Town: City/Town: City/Town: DSCLAIMER  hereby direct and authorize the Bureau of Criminal Identification of Department of Attorney General for the State of Rhode Island to make available to the Diocese of Providence any criminal record th the Bureau of Criminal Identification has on file in reference to me. I hereby waive and release any and all manner of actions, cause 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, 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 | SPECIFY LOCATION(S) V  | HERE YOU WORK OR   | VOLUNTEER IN   | THE DIOCESE ON   | LY:  |   |
| SCHOOL: City/Town: City/Town: AGENCY: City/Town: City/Town: City/Town: DISCLAIMER   | PARISH:  |  | City/To  | wn:  |  |   |
| AGENCY: City/Town:<br>DISCLAIMER<br>  |  |  |  |  |  |   |
| I   |  |  |  | <br>own:   |  |   |
| Department of Attorney General for the State of Rhode Island to make available to the Diocese of Providence any criminal record the Bureau of Criminal Identification has on file in reference to me. I hereby waive and release any and all manner of actions, cause 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, 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  |  |  | DISCLAIME  | <u>R</u>   |  |   |
| Sworn to before me in the City ofState ofthisday ofNotary Public Commission Expires:  | the Bureau of Criminal Identifications, and demands of every whatsoever against the State of | al for the State of Rhode Isl<br>ication has on file in referen<br>kind, nature and descriptior<br>f Rhode Island, Bureau of C | and to make availa<br>ce to me. I hereby<br>a, arising from any<br>riminal Identificat | ble to the Diocese of Prov<br>waive and release any an<br>release of criminal record<br>ion, the Attorney General, | vidence any cri<br>d all manner o<br>ls and requests | minal record that<br>f actions, cause there from, |
| , 20 Notary Public Commission Expires: OC USE ONLY Check No   |  |  |  | Si   | gnature of App                                       | olicant   |
| OC USE ONLY Check No  | Sworn to before me in the Cit  | y of   | S  | tate of  | this   | day of  |
| OC USE ONLY<br>Check No   | , 20   |  |  |  |  |   |
| Check No  |  |  |  | Notary P   | ublic Commissio                                      | on Expires:                                       |
| Received from: Date received:   | Check No   |  | OC USE ONLY  | ,<br>  |  |   |
|   | Received 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