



**251 Post Rd.
Wakefield, RI 02879
401-515-2545**

BACKGROUND CHECK FORM

Name: _____ Maiden Name: _____

D/O/B: _____ Driver's License #: _____

Current Address: _____ Prior Address (if less than 2 years): _____

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 the Village Cooperative Nursery School 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 the 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: _____

Print Name: _____ Date: _____

*****NOTE: Please include a copy of your driver's license*****

Sworn to and subscribed to in the Town/City of _____, County of _____, State of Rhode Island this _____ day of _____, 2023.

Before me: _____

Notary Public

Commission Expires: _____ ID# _____