Girl Scouts of RI, Inc.
125 Charles Street
Providence, RI 02904
401-331-4500
800-331-0149
Fax: 401-421-2937
e-mail: gsri@netsense.net
web: www.gsri.org

B.C.I. CHECK - Rhode Island

NAME _____
(Print or Type)

D.O.B. _____

Current Address: _____ _____ ____ ____
Street *City* *State* *Zip*

DISCLAIMER

I, _____, request that the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to me any criminal record that I may have on file with the Bureau of Criminal Identification.

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 the 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 on this _____ day of _____, 20__

_____
Notary Public

My Commission Expires: _____