



# DISCLAIMER FORM / BACKGROUND CRIMINAL INVESTIGATION CHECK

Full Name: \_\_\_\_\_  
(PRINT First and Last)

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**RELIGIOUS:** Priest \_\_\_\_\_ Deacon \_\_\_\_\_ Deacon Candidate \_\_\_\_\_ Seminarian \_\_\_\_\_  
Transitional Deacon \_\_\_\_\_ Brother/Sister \_\_\_\_\_

**EMPLOYEES ONLY:** Principal/Administrator \_\_\_\_\_ Teacher \_\_\_\_\_ Substitute Teacher \_\_\_\_\_ Other Employee \_\_\_\_\_

**VOLUNTEERS ONLY:** Coach \_\_\_\_\_ Catholic Scouting \_\_\_\_\_ Other (specify) \_\_\_\_\_

### SPECIFY LOCATION(S):

PARISH: \_\_\_\_\_ City/Town: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ City/Town: \_\_\_\_\_

AGENCY: \_\_\_\_\_ City/Town: \_\_\_\_\_

## 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 Diocese of Providence 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 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 \_\_\_\_\_ State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Commission Expires:

**OEC USE ONLY**

Check No. \_\_\_\_\_

Received from: \_\_\_\_\_ Date received: \_\_\_\_\_

**NOTE:** LEGIBLE copy 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.**