## DINAINIAL INIVECTICATIONI CLIECK

|  | DISCLAIMER F  | ORM / BACKG   | KOUND CRI  | MINAL INV   | ESTIGATI   | ON CHEC  | K   |
|--|---|---|--|---|--|--|---|
| <del>ያ</del> ት ት   | Full Name:  | ( <b>PRINT</b> First  |  | Maiden 1  | Name:  |  |   |
| Ŧ  | Date of Birth: _  |   | ,  | _   |  |  |   |
| RELIGIOUS:   | Priest Deacon_  | Seminarian  | Brother/Sister   | Transitior  | nal Deacon _   | Deacon (   | Candidate   |
| EMPLOYEES  | <b>ONLY:</b> Principal/A  | dministrator  | Teacher  | Substitute Te   | acher  | Other Emp  | ployee  |
| VOLUNTEERS   | SONLY: COACH_   | Catholic Se   | couting  | Other (specify  | ·)   |  |   |
| SPECIFY LOO  | CATION(S) WHERE   | YOU WORK OR   | VOLUNTEER  | IN THE DIO  | CESE ON  | LY:  |   |
| PARISH:  |   |   | `own:  |   |  |  |   |
| SCHOOL:  |   |   | -  | 'own:   |  |  |   |
| AGENCY:  |   |   | City/T   | own:  |  |  |   |
|  |   |   | DISCLAIMI  | ER  |  |  |   |
| State of Rhode<br>registration, acc<br>and all manner<br>records and req | f the Office of the Atto<br>Island criminal record<br>cessible by the Bureau<br>of actions, cause of act<br>uests therefrom, whats<br>ral, and employees of the | rney General for the<br>including a record<br>of Criminal Identific-<br>tions, and demands<br>oever against the Sta | of any State arres<br>cation and Investi<br>of every kind, nat<br>ate of Rhode Islan | sland to make a<br>t, conviction, w<br>gation in refere<br>ure and descrip<br>nd, Bureau of C | vailable to tl<br>arrant, or a r<br>ence to me. I<br>tion, arising<br>riminal Iden<br>uity which I | he Diocese of<br>ecord of sexu<br>hereby waive<br>from any rele<br>tification and<br>may now hav | Providence any<br>al offender<br>e and release any<br>ase of criminal<br>Investigation, th<br>re or in the future |
|  |   |   |  |   | Si   | gnature of Ap  | plicant   |
|  | e me in the City of   |   |  | State of  |  | this   | day of  |
|  | , 20  |   |  | -   |  |  |   |
|  |   |   |  |   | Notary P   | ublic Commissi   | ion Expires:  |
| Check N  | 10  | (   | DC USE ONL   | Y   |  |  |   |
| Receive  | d 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