



STATE OF RHODE ISLAND  
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920  
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha  
Attorney General

Full Name of Applicant: \_\_\_\_\_

Maiden Name / other names used: \_\_\_\_\_

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

Address of Applicant: \_\_\_\_\_

Purpose: Volunteer

(Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc.)

**AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to Inspiring Minds (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation 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 whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me in the City of \_\_\_\_\_ State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

**Note: A copy of photo identification with date of birth must accompany this Release. If the Record request is to be MAILED, please provide an addressed, stamped envelope.**



**For Inspiring Minds  
processing only**

Please return BCI to:

Inspiring Minds  
Volunteer Coordinator  
65 Pavilion Avenue  
Providence, RI 02905