

PERMISSION FOR POLICE CHECK OF RECORDS

MENTOR/TUTOR INTERNSHIP AT THE UNIVERSITY OF RHODE ISLAND
MTI@URI

I, _____ (Maiden Name) _____
(Please Print)

Date of Birth: _____ Driver's License #: _____

Social Security #: _____ Home Phone: _____

Home Address: _____
(Street)

(Town) (State) (Zip)

do hereby release The Mentor/Tutor Internship at the University of Rhode Island and its agents and employees from any liability resulting from an investigative background check for the position of _____, regarding any prior criminal convictions.

Please list any prior states in which you have lived:

In witness whereof, the said _____ has
(Name)
caused these to be signed, acknowledged and delivered in his/her
name on this _____ day of _____.

By: _____
(Signature)

Notary:

State of Rhode Island, County of _____
in _____ in said County on the _____ day of
_____, _____, before me personally appeared
_____, each and all to me known, and known by
me to be the party executing the foregoing instrument and he/she
acknowledged said instrument to be his/her free act and deed.

Notary: _____

For Office Use Only:

Date Received _____

() Has Record
() Felony

() Does Not Have Record
() Misdemeanor