

THE
UNIVERSITY
OF RHODE ISLAND

DIVISION OF
ADMINISTRATION

OFFICE OF HUMAN RESOURCE ADMINISTRATION

80 Lower College Road, Kingston, RI 02881 USA p: 401.874.2416 f: 401.874.5741 uri.edu/hr

THINK BIG  WE DOSM



**CRIMINAL BACKGROUND CHECK
RELEASE AND AUTHORIZATION**

Name: _____
(Print or Type)

Maiden Name: _____

DOB: _____

SSN: _____

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 _____ any criminal record that the Bureau of Criminal Identification has on file in reference to me. I understand this is required as a condition of employment with the State of Rhode Island.

I further agree to fully waive, release, indemnify, defend and hold harmless, the University of Rhode Island, its governing board, the Board of Governors for Higher Education, the State of Rhode Island, the Bureau of Criminal Identification, the Attorney General's Office, and the NCIC, including their respective employees and agents, against any and all claims, demands, actions, or causes of action that I have, or may have, in both law and equity, of any nature or kind whatsoever arising from or in any way related to the release of my criminal records, or the results of the criminal background check, performed in accordance with this consent and authorization.

Signature of Applicant

Sworn to before me in the City of _____ State of _____
_____ this _____ day of _____.

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer along with a personal check or money order for \$5.00 made payable to Rhode Island Bureau of Criminal Identification.