



LINCOLN POLICE DEPARTMENT

BCI WAIVER AUTHORIZATION

I hereby direct and authorize the Lincoln Police Department to obtain from the Bureau of Criminal Identification for the State of Rhode Island, and criminal record that the bureau of Criminal Identification has on file in reference to me. I further authorize the Lincoln Police Department to release this information to the following company, firm, or individual:

Company Name: _____

Address: _____

Attention: _____ Contact Phone Number: _____

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature, and description, arising from any release of criminal records and requests therefore; whatsoever, against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees of the Attorney General's Office, the Town of Lincoln, the Lincoln Police Department, and the employees of the Lincoln Police Department, in both law and equity which I may now have or in the future may have.

Signature of Applicant

Applicant Name: _____ Date of Birth: _____

Social Security Number: ____/____/____ Phone Number: _____

Present Address: _____ City: _____ State: _____

How long at this address? _____

Previous Address: _____ City: _____ State: _____

How long at this address? _____

Previous Address: _____ City: _____ State: _____

How long at this address? _____

Notary Public Information:

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public

Commission Expires