RHODE ISLAND

- NOTARIZED FORM Must send Original
- Copy of Photo ID Required (Parent/Guardian ID if applicant is a minor) – must include DOB
- Complete the following information:
 - o Full name
 - Maiden name/other names used
 - o DOB
 - Address (including City, State, and Zip Code)
- Applicant print name in section provided
- Applicant Signature required

RHODE ISLAND REQUIREMENTS:

- Rhode Island Request Form
- Copy of Photo ID
- OPM General Release (if applicable)



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:	
<u>AUTHORIZATIO</u>	ON TO RELEASE INFORMATION
the Attorney General to make availance (name of entity) any State of State or local arrest, conviction, was accessible by the Bureau of Criminal I hereby waive and release any and a every kind, nature and description records and requests therefrom, again Identification and Investigation, the	(print full name) hereby direct and authorized and Investigation of the Rhode Island Department of able to the <u>Defense Counterintelligence and Security</u> Rhode Island criminal record, including a record of any arrant, or a record of sexual offender registration Identification and Investigation in reference to me. All manner of actions, cause of actions, and demands of a whatsoever, arising from any release of criminal ainst the State of Rhode Island, Bureau of Criminal Attorney General, and employees of the Department of ty which I may have now or in the future.
	Signature of Applicant
Sworn to before me in the City of this day of	State of
	Notary Public
	Commission Expires

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