



CUMBERLAND POLICE DEPARTMENT

Working Together to Build a Safer Community

State of Rhode Island Criminal Record Request

Date: _____

Last Name: _____

First Name: _____

Maiden (Other) Name: _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____

Zipcode: _____

Telephone: (_____) _____ - _____

Reason for Records Check: _____

*NOTE: Copy of **PHOTO IDENTIFICATION** with date of birth **MUST** accompany this Disclaimer along with a payment of **\$5.00** cash or check payable to "Cumberland Police Department."*

DISCLAIMER

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 the Cumberland Police Department any criminal record that the Bureau of Criminal Identification has on file 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, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant: _____

NOTARY PUBLIC:

Sworn to before me in the City/Town of _____, State of Rhode Island on this _____ day of _____, 20_____.

Notary Public: _____ Commission Expires: _____

ID# _____

FOR OFFICIAL USE: Records Check Results: A check of your name through the Bureau of Criminal Identification of the Department of the Attorney General conducted by the Cumberland Police Department has determined that:

_____ No record found in the State of Rhode Island.

_____ Yes, record found in the State of Rhode Island

_____ More information is needed to determine if an accurate record was or was not found.

Record Check Completed By _____ Date: _____

A Nationally Accredited Agency