



LINCOLN POLICE DEPARTMENT

100 OLD RIVER ROAD, LINCOLN RI 02865

BCI WAIVER AUTHORIZATION

I HEARBY DIRECT AND AUTHORIZE THE LINCOLN POLICE DEPARTMENT TO OBTAIN FROM THE BUREAU OF CRIMINAL IDENTIFICATION FOR THE STATE OF RHODE ISLAND AND ANY 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 _____

COMPANY ADDRESS _____ PHONE# _____

ATTENTION _____ CONTACT PHONE# _____

I HEREBY WAIVE AND RELEASE ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTIONS AND DEMANDS OF EVERYKIND, 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 _____

DRIVER'S LICENSE # _____ PHONE# _____

PRESENT 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 _____ 2022

NOTARY PUBLIC

COMMISSION EXPIRES