

TIVERTON POLICE DEPARTMENT

BCI Disclaimer

Rev. 09/2020



Name:			Date of Birth:		
Address: No.:	Street:	City/Town:	State:	Zip Code:	
Maiden Name:			Telephone Number:		

DISCLAIMER

I _____ hereby direct and authorize the Tiverton Rhode Island Police Department to make available to _____ any State of Rhode Island criminal record, including a record of any State arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Tiverton Police Department, 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 Town of Tiverton Rhode Island, the Tiverton Police Department, and employees of the Tiverton Police Department in both law and equity which I may now have or in the future may have.

Signature of Applicant:	Date:
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Sworn to before me in the City/Town of _____ State of _____ this _____ day of _____, 20____.

Notary Public

Commission Expires