



One Newport

Newport Public Schools

109 Old Fort Road • Newport, Rhode Island 02840-3898

**DISCLAIMER FORM
PLEASE PRINT CLEARLY**

NAME: _____

MAIDEN NAME/ALIAS: _____

DATE OF BIRTH: ___/___/___ Social Security # _____

SEX: MALE / FEMALE

I am seeking to volunteer with Newport Public Schools, and I hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island and or the Newport Police Department to make available to Newport Public Schools any criminal record that the Bureau of Criminal Identification has on file in reference to me that would disqualify me from volunteering in the Newport Public Schools.

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 Investigation, the Attorney General, the Newport Police Department and employees of the Attorney General's Office / Newport Police Department in both law and equity which I may now have or in the future may have.

- Attached copy of **one** of the following photo identifications:
 - State Issued Driver's License
 - State Issued Identification Card
 - Passport
- Check or money order (NO CASH) for \$5.00 payable to Newport Police

Signature of Applicant

Date

NOTARY

(To be Completed and Notarized Prior to Submission)

Name
Newport
City

Sworn to before me in the City of Newport, State of Rhode Island this
____ day of _____, 201_.

Notary Public
Newport
County My Commission expires: _____