



DIOCESE OF FALL RIVER
CHANCERY OFFICE
OFFICE OF SAFE ENVIRONMENT

LAST NAME: _____

FIRST NAME: _____

(Print or Type)

If Applicable: MAIDEN NAME: _____

DATE OF BIRTH: _____

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:

Office of Safe Environment, Diocese of Fall River
450 Highland Avenue, Fall River, MA 02720

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

Sworn to before me in the City/Town of _____,

State of _____, this _____ day of _____, 20_____.

SEAL

Notary Public

Commission Expires

NOTE: Copy of front and back of photo identification with date of birth MUST accompany this Disclaimer. 05/01/2019

450 HIGHLAND AVENUE ~ FALL RIVER, MA 02720-3701 TELEPHONE ~ 508-675-1311 EXT. 6511