STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha
Attorney General

Full Name of Applicant: _____

Maiden Name / other names used: _____

Date of Birth: _____

Address of Applicant: _____

Purpose: Tennessee Child Care Employment - CCDBG
(Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc..)

AUTHORIZATION TO RELEASE INFORMATION

I_____ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to TN Department of Human Services (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation 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 whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

_____
Signature of Applicant

Sworn to before me in the City of _____ State of _____

this _____ day of _____, 20_____.

_____
Notary Public

_____
Commission Expires

Note: A colored photocopy of a government-issued photo identification with a date of birth must accompany this release.