



Richmond Police Department



PO Box 203
1168 Main Street
Wyoming, Rhode Island 02898

Elwood M. Johnson, Jr.
Chief of Police

Telephone 401-539-8289
Fax 401-539-8293

CRIMINAL RECORD CHECK RELEASE FORM

Date _____

Please **PRINT** below information

I, _____, Date of Birth: _____
last, first, middle

Maiden Name: _____ SS#: _____ Sex: _____

Address: _____

Town: _____ State: _____ Zip: _____

Ph#: _____ Drivers License#/State: _____

I hereby authorize the Richmond Police Department to release any personal information or data from this department or from the State of Rhode Island with regard to myself. This record must be released to myself or to the below named organization.

Organization: _____

Address: _____

Occupation: _____

Circle one:

No Fee

School Volunteers – §16-2-18.4(State Only)

Foster Parent - §15-7-11

Child Care Employee -§ 40-13.2-5

\$35 Fee

DCYF Employee – §40-13.2-5.2

Massage Therapist – §23-20.8-3

Mental Health Facilities – §40.1-25.1-3

Nursing Employee – §23-17-34

School Employee – §16-2-18.1

Adoption – §15-7-11

Applicant Signature: _____