

**Criminal Background Check
Release and Disclaimer**

Name: _____
(Print or Type)

Maiden Name: _____

Date of Birth: _____

I, _____
hereby direct and authorize the Bureau of Criminal Identification of the Department
of the Attorney General for the State of Rhode Island to make available to:

**Richard Oliver President
Rhode Island Amateur Hockey Association
73 Verdant Dr.
Cranston, RI 02920**

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,
causes of action, and demands of every kind, nature,
and description, arising from any release of criminal records and requests there from,
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

Subscribed and sworn to before me on this ____ day of _____, 20__

Notary Public

My commission expires: _____

NOTE: A copy of a photo ID with D/O/B must accompany this Disclaimer

Photocopy form with Driver's License here,
then sign the **photocopied form**
(make sure photocopy of identification is clear and legible before signing)

SRIYHA