



STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

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Peter F. Neronha
Attorney General

Full Name of Applicant: _____

Maiden Name / other names used: _____

Date of Birth: _____

Address of Applicant: _____

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 the Defense Counterintelligence and Security Agency (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: Copy of photo identification with date of birth must accompany this Release. If Record is to be MAILED, please provide an addressed, stamped envelope.