

FOR OFFICIAL USE ONLY

RHODE ISLAND

REQUIRED FORMS

- Rhode Island Request Form
- Copy of Photo ID (**must include date of birth**)
- OPM General Release Form

INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Rhode Island Request Form and provide a copy of Photo ID. This form is required to search the Rhode Island State Criminal Repository and fulfill the requirements of Public Law 101-647.
- If the subject is a minor, the minor's name is placed in the blank: "I, _____, hereby consent and authorize..." on the Rhode Island Bureau of Criminal Identification Authorization Form and the minor's parent is required to sign the form, have it notarized, and provide a copy of the parent's photo ID showing the parent's date of birth.

REQUIRED FIELDS

- Please ensure all required fields on the form are complete, otherwise, this could result in a return of the form from the state repository
- Full Name (First, Middle, Last) **Note: Middle initial in lieu of full middle name is acceptable.**

Also include a copy of the Subject's Photo identification. ID MUST list the Subject's date of birth.

SIGNATURE REQUIREMENTS

- Subject is required to sign the request form in front a notary public.

The diagram shows a rectangular form with a black border. At the top right, there is a blue rectangular box representing a signature, with a red border around it. Below this box is the text "(Signature of Applicant)". A yellow arrow points from the text "Completed by Subject" to this box. Below the signature box, the text "Sworn to before me on this ___ day of _____, 20__." is followed by a blue rectangular box representing the notary's name. Below this box is the text "(Notary Public)". A yellow arrow points from the text "Completed by Notary" to this box. At the bottom left, the text "My Commission Expires:" is followed by a blue rectangular box representing the expiration date.

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**Bureau of Criminal Identification
Authorization Form**

I, _____, hereby consent and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Defense Counterintelligence and Security Agency (DCSA), 1137 Branchton Road, Boyers, PA 16018, 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 the 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 on this ____ day of _____, 20__.

(Notary Public)

My Commission Expires: _____