



West Warwick Police Department

1162 Main Street
West Warwick, RI 02893-4829
Phone: (401) 821-4323 Fax (401) 822-9206

BCI Waiver Authorization

I hereby direct and authorize the West Warwick Police Department to obtain from the Bureau of Criminal Identification for the State of Rhode Island, any criminal record that the Bureau of Criminal Identification has on file in reference to me. I further authorize the West Warwick Police Department to release this information to the following company, firm or individual:

Company Name: _____

Address: _____ ZIP: _____

Attention: _____ Contact Phone Number: _____

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, the employees of the Attorney General's Office, the Town of West Warwick, the West Warwick Police Department, and employees of the West Warwick Police Department, in both law and equity which I may now have or may have in the future.

(Signature of Applicant)

Applicant Name: _____ Date of Birth _____

Social Security #: _____/_____/_____ Phone Number: _____

Address: _____ City: _____ State: _____

For Office Use Only

Form of ID: (Circle One) State ID State Driver's License Passport

ID Number: _____

Officer Verifying Identification: _____

"Courage ~ Sacrifice ~ Devotion"