

**NARRAGANSETT SCHOOL SYSTEM
ADMINISTRATIVE OFFICES
25 FIFTH AVENUE
NARRAGANSETT, RHODE ISLAND 02882-3612**

KATHERINE E. SIPALA
SUPERINTENDENT OF SCHOOLS

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LESLIE BROW
DIRECTOR OF STUDENT SERVICES
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KAREN M. HAGAN, CPA
DIRECTOR OF FINANCE

Dear Volunteer:

Please bring this document along with the Narragansett Police Department's (NPD) Release form to the Police Department located at 40 Caswell Street, Narragansett, RI. Once processed, the NPD will email the BCI clearance letter to undersigned at the Narragansett School Department and you will be added to the volunteer list.

This service is provided free of charge and walk-ins are welcome.

**NARRAGANSETT POLICE DEPARTMENT
BACKGROUND CHECK REQUEST**

Date: _____

To the Narragansett Police Department:

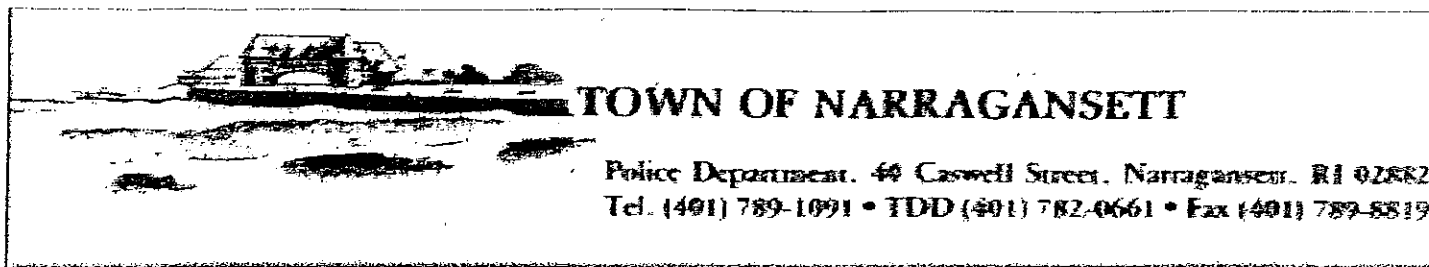
_____ is a Narragansett resident and intends
(print name)

to volunteer within the Narragansett School System. Please process this BCI request and email a letter stating the result to me at Smcknight@nssk12.ri.us.

Thank you for your cooperation with regard to processing this request.


Susan Lynch McKnight

Administrative Assistant to the Superintendent



RELEASE OF INFORMATION AUTHORIZATION

(Rhode Island Background Check (BCI) for Volunteers, Interns, and Mentors only)

I hereby direct and authorize the Narragansett Police Department to review any Rhode Island criminal record that is on file in reference to me and in accordance with R.I. General Law 16-2-18.4.

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 Narragansett Police Department in both law and equity which I may now have or in the future may have.

Signed this _____ day of _____, 20____

FULL NAME

SIGNATURE (notarized)

STREET ADDRESS

CITY/TOWN

Date of Birth

Before me

Social Security Number

Term Expires on

*** include a photo copy of RI Driver's License*