



Smithfield Police Department
215 Pleasant View Avenue
Smithfield, Rhode Island 02917
Tel: (401) 231-2500
Fax: (401) 233-1018

Richard P. St.Sauveur, Jr.
Chief of Police

School Volunteer Background Check
Authorization for Release of Information

Full Name: _____

Maiden Name or other Name used: _____

Telephone # _____

Address: _____

Email Address: _____

Date of Birth: _____

Social Security: _____

US Citizen: Yes () No ()

School: _____

I _____, authorize the Smithfield Police Department to conduct a RI criminal investigation of my background, regardless of whether such inquiries seek public record, private, privileged, or confidential information. This Authorization for Release of Information is solely for the purpose of conducting criminal history background inquiries on Smithfield Residents who are requesting to be school volunteers.

Volunteer's Signature Date: _____

*****YOU MUST SUBMIT A COPY OF YOUR PHOTO IDENTIFICATION WITH THIS FORM OR IT WILL NOT BE PROCESSED BY THE POLICE DEPARTMENT...THE POLICE DEPARTMENT WILL NOT MAKE COPIES OF YOUR LICENSE OR PHOTO I.D.*****