



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

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

**School Volunteer Background Check**  
**Authorization of Release**

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 background check on me, regardless of whether such inquires seek public record, private, privileged, or confidential information. This Authorization of Release of information is solely for the purpose of conducting criminal history background inquires on Smithfield Town Residents.

\_\_\_\_\_  
Candidate Signature

Date: \_\_\_\_\_