



POLICE DEPARTMENT • TOWN OF HOPKINTON
 406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-7755



David S. Palmer, Chief of Police

Request for Fingerprinting

Date: _____

Name: _____
Last First MI

Address: _____

Date of Birth: _____

U.S. Citizen: () Yes () No

Sex: () Male () Female

Race: () White () Black () Hispanic () American Indian () Other

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Place of Birth: _____

Social Security Number: _____ - _____ - _____ **Telephone Number (____)** _____ - _____

Email Address:

Email Address of results recipient (employer):

Email is the preferred method of sending results if you or your employer requires written mailed results please provide a self-addressed stamped envelope for that purpose.

Please Complete other side of Form



David S. Palmer, Chief of Police

Please complete A or B

A. If you are an employee or potential employee of one of the following types of facilities,

Please check the type of facility and provide the name and address of the facility.

Residential Care Facility (group home, residential treatment center)

Day Care Center

A day care center is a group facility which provides care for children in the absence of their parents. Generally these programs operate between the hours of 7am and 6pm to serve parents who are working or going to school; but this would also include school age day care and infant/toddler programs which might operate for shorter periods.

Nursery School

A nursery school is an educational program for children between the ages of three and six years of age which operates sessions of less than four hours.

Family Day Care Home

A family day care home is a home setting where childcare is provided to a small number of children (8 or less) for any part of a 24 hour day.

Rhode Island Training School

Juvenile Diagnostic Center

Name of Employer:

Address:

B. If you are applying for a license or certification as a facility operator or director, please provide the name and address of the facility.

Name _____

Address _____