



POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-7755



David S. Palmer, Chief of Police

CRIMINAL RECORD CHECK RELEASE FORM

Please **Print** below information

I, _____, Date of Birth: _____
Last, first, middle

Maiden Name: _____ SS# _____

Address: _____

Town: _____ State: _____ Zip: _____

Ph#: _____ Driver's License#/State: _____

I hereby authorize the Hopkinton Police Department to release any personal information or data from this department or from the State of Rhode Island with regard to myself. This record must be released to myself or to the below named organization.

Organization: _____

Address: _____

Occupation: _____

Circle one:

Foster Parent- 15-7-11

Child Care Employee- 40-13.2-5

DCYF- 40-13.2-5.2

Massage Therapist- 23-20-.8-3

Mental Health Facilities- 40.1-25.1-3

Nursing Employee-23-17-34

School Employee 16-2-18.1

School Volunteers 16-2-18.4

Applicant Signature: _____ **Date:** _____