



# POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-77755



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:** \_\_\_\_\_