

CONSENT AND DISCLAIMER FORM
(TO BE MAILED BY THE EMPLOYER TO)
The Department of Attorney General
Attn: Chief William Karalis B.C.I. Unit
150 South Main Street, Providence, RI 02903

NAME OF JUVENILE APPLICANT: _____

(PLEASE PRINT CLEARLY)

ALIAS: _____ DATE OF BIRTH ____ / ____ / ____

ADDRESS _____

NAME AND ADDRESS OF EMPLOYING AGENCY: _____

SIGNATURE OF EMPLOYER/SUPERVISOR _____

I, _____, am the parent/guardian/or attorney of record of the above named Juvenile, who seeks employment with _____.
I hereby authorize and direct The Department of Attorney General to review any file in reference to the above-named juvenile for record of an offense, which, if committed by an adult, would constitute disqualifying information pursuant to R.I.G.L. §23-17-37. If no such record is found, The Department of Attorney General will return this form to the above-mentioned Employing Agency indicating same.
I hereby waive and release any and all manners of action, causes of action, and demands of every kind, nature and description, arising from this request, whatsoever against the State of Rhode Island and the employees of The Department of Attorney General in both law and equity which I may now have or in the future may have.

Signature of Parent/Guardian/Attorney

Notary

(TO BE COMPLETED & NOTARIZED PRIOR TO SUBMISSION)

Subscribed and sworn to before me at _____, County of _____, State of _____
this _____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: ____ / ____ / ____

Signature of Juvenile Applicant

Notary

(TO BE COMPLETED & NOTARIZED PRIOR TO SUBMISSION)

Subscribed and sworn to before me at _____, County of _____, State of _____
this _____ day of _____, 20 ____.

NOTARY PUBLIC

My Commission Expires: ____ / ____ / ____

**NO RECORD OF AN OFFENSE WHICH IF COMMITTED BY AN ADULT WOULD
CONSTITUTE DISQUALIFYING INFORMATION PURSUANT TO R.I.G.L. §23-17-37.**

Date: ____ / ____ / ____

Department of Attorney General