

West Greenwich Police Department

Consent Form

In partnership with the Exeter-West Greenwich Regional School District, to make our schools as safe as possible, the West Greenwich Police Department supports the District's policy for all volunteers to have a criminal background check.

Please allow a minimum of two-weeks for processing.

The following information must be provided:

Full Name: _____ Maiden: _____
PLEASE PRINT CLEARLY

Address: _____
STREET TOWN/CITY STATE ZIP

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY

Social Security Number: _____ Telephone Number: () _____
(Social Security number is only necessary if a Driver's License is not presented)

I hereby authorize the West Greenwich Police Department to review any criminal record that is on file in reference to me. The results of this criminal record shall be directed to the Office of the Superintendent. I further waive and release any and all manner of actions, cause of actions and demand of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefore against any federal, state, local or their agents and employees in both law and equity which I may now have or in the future may have.

Signature: _____ Date: _____

Witness: _____
(School Employee) PRINT FIRST & LAST NAME SIGNATURE

**A clear photocopy of applicant's driver's license
or state photo identification must be submitted.**

Record check conducted by: _____ Date: _____

The results of the criminal records check show that he/she has the following:

No disqualifying information found: _____

Record prevents applicant from volunteering: _____

Form Revised: June 2014

For office use only:

AFTER FAXING TO WGPD - (401) 392-3811
Alternative Fax - (401) 397-6890
PLEASE CONTACT SCHOOL RESOURCE OFFICER
SGT. PIETRO PETRARCA, PH.D.
TO COLLECT ORIGINALS
(401) 397-6893 EXT. 248

Please limit submission until the end of the school day.