

Name: _____
(Print or Type)

Maiden Name: _____

D/O/B: _____

DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Office of the Attorney General for the State of Rhode Island to make available to Kansas Dept. of Health and Environment any State of Rhode Island criminal record, including a record of any State arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation, in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Office of the Attorney General in both law and equity which I may now have or in the future may have.

Signature of Applicant

Sworn to before me in the City of _____ State of _____
this _____ day of _____, 20__.

Notary Public

Commission Expires

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer (front AND back).