

Release for Information

Last Name	
First Name	
Middle Initial	
Any alias names used (including maiden name)	
Date of Birth	
Social Security Number	
Address	
List all States in which you have lived as an adult	
<p>I, _____, certify that the above information is accurate. Also, I understand that a criminal history check on me in each State listed above.</p>	

Applicant's Signature	Date
Notary Signature	Date
Notary Print	
Commission Expires	
<p>Complete this authorization form and have it notarized. Attach a copy of photo identification attached to release and submit in person at the BCI desk or by mail to:</p> <p style="text-align: center;">Bureau of Criminal Identification 150 South Main Street Providence, RI 02903</p>	