



COMMUNITY COLLEGE  
OF RHODE ISLAND

Office of Human Resources

**CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION**

I, \_\_\_\_\_  
(Please print name) (Maiden name)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (Town) (State) (Zip)

hereby consent and authorize the State of Rhode Island to perform a criminal background check. I understand this is required as a condition of employment with the State of Rhode Island. **I have lived in the following states:**

\_\_\_\_\_  
\_\_\_\_\_

I further agree to fully waive, release, indemnify, defend and hold harmless, the Community College of Rhode Island, its governing board, the Board of Governors for Higher Education, the State of Rhode Island, the Bureau of Criminal Identification and the Attorney General's Office, including their respective employees and agents, against any and all claims, demands, action, or causes of action that I have, or may have, in both law and equity, of any nature or kind whatsoever arising from or in any way related to the release of my criminal records, or the results of the criminal background check, performed in accordance with this consent and authorization.

\_\_\_\_\_  
Witness Signature (Must be CCRI employee)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness - Type or print name

\_\_\_\_\_  
Employee - Type or print name

Dated: \_\_\_\_\_

**The fee for the background check is \$5 payable to BCI by check or money order only. The address is: Department of Attorney General's Office, Attention BCI, 150 South Main Street, Providence, RI 02903 and the phone number is 274-4400 X2232. Please hand deliver or mail the original BCI report from the Attorney General's Office directly to the Office of Human Resources at CCRI.**