



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: _____

BCI's may be obtained in person from the RI Department of Attorney General's Office located at 150 South Main Street, Providence, RI 02903. Their hours of operation are Monday-Friday, 8:30 am - 4:30 pm; 401-274-4400 ext. 2232. The fee for the background check is \$5 payable to BCI by check or money order only. You must present a picture ID with a date of birth included.