

**Westerly Police Dept.**

**60 Airport Road  
Westerly, RI 02891  
401-596-2022  
401-596-7501 (Fax)**

I hereby authorize the Westerly Police Department to release any personal criminal information or data from this department or from the State of Rhode Island with regard to myself. This record must be released to me or to the company listed below with whom I am seeking employment.

\_\_\_\_\_  
**Name of Company**

**TODAY'S DATE:** \_\_\_\_\_

**Criminal Record Check Release Form**

**Signature:** \_\_\_\_\_

Please print below information:

Name: \_\_\_\_\_

Maiden name (s) / Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S. # \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address: (No PO Boxes) \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Residence: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Official Use Only**

**Criminal Record Information:**

<b>Town of Westerly</b>	<b>Record</b>	<b>YES</b>	<b>NO</b>
<b>State of Rhode Island BCI</b>	<b>Record</b>	<b>YES</b>	<b>NO</b>
<b>Are records attached?</b>		<b>YES</b>	<b>NO See below</b>

**Explanation of Police Record below this line**

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

\_\_\_\_\_  
**Clerk / Officer Signature**

\_\_\_\_\_  
**Date**