



Edward E. Dolan
Chief of Police

Smithfield Police Department
215 Pleasant View Avenue
Smithfield, Rhode Island 02917
Tel: (401) 231-2500
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School Volunteer Background Check
Authorization of Release

Full Name: _____

Maiden Name or other Name used: _____

Telephone # _____

Address: _____

Email Address: _____

Date of Birth: _____

Social Security: _____

US Citizen: Yes No

School: _____

I _____, authorize the Smithfield Police Department to conduct a RI criminal background check on me, regardless of whether such inquires seek public record, private, privileged, or confidential information. This Authorization of Release of information is solely for the purpose of conducting criminal history background inquires on Smithfield Town Residents.

Candidate Signature

Date: _____