

State Wide Criminal Search Release Form: State of Rhode Island

Name: _____
(Print or Type first middle and last name)

Maiden Name: _____

Date of Birth: _____

DISCLAIMER

I, _____, hereby direct and authorize the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to APPLICANT INSIGHT LTD, INC., any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

(Signature of Applicant)

Sworn to before me in the City of _____, State of _____, this _____ day of _____, 2005.

(Notary Public)

(Commission Expires)

Note: A copy of photo identification with the date of birth, must accompany this disclaimer.