



BRISTOL WARREN REGIONAL SCHOOL DISTRICT

151 State Street, Bristol, Rhode Island 02809-2205

TEL: 401-253-4000

FAX: 401-253-1740

AUTHORITY FOR RELEASE OF INFORMATION

Please Print

Name: _____ DOB: _____

Maiden Name: _____ SSN: _____

License #: _____ State: _____ Phone #: _____

Address: _____
(Street) (City/Town) (State) (Zip Code)

Please list all states, except Rhode Island, where you have previously resided: _____

This release, when presented to a duly authorized representative of the _____ Police Department, will constitute my consent and authority to obtain and examine copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of any and all records and information including that, which may be confidential or privileged in nature. This includes, but is not limited to employment information, credit bureau information, educational information, medical information, military information, residence records and police or criminal records.

This authorization is given in connection with a personnel background investigation being conducted relative to my employment/substitute employment with the Bristol Warren Regional School District. It is understood that photocopies of this release may be considered as originals.

Applicant's Signature: _____

Date: _____

To Be Completed by School Department:

Local AND National Background Check Required
(Substitute/Full-Time Employment)

Local Background Check **Only**

Child Care Employment – CANTS Clearance Required

FOR POLICE DEPARTMENT USE ONLY:

DISQUALIFYING INFORMATION: YES NO

FEE: _____

FBI RESULTS TO BE FORWARDED UPON RECEIPT

AUTHORIZED PD SIGNATURE

DATE

The Bristol Warren Regional School District does not discriminate on the basis of age, sex, race, religion, national origin, color, disability or sexual orientation in accordance with applicable laws and regulations.