



Scituate Police Department

116 Main Street, Hope, RI 02857
Telephone: (401) 821-5900 Fax: (401) 823-7140



Donald R. Delaere Jr. - Chief of Police

Authorization for Release of Information

I, _____, am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information.

I do hereby agree to permit the Scituate Police Department to run a background check on me and absolve them in any liability in doing so.

I do hereby authorize the release of any information to:

Please mail to the above address I will pick up when ready _____
(Phone number)

Printed Name (Include maiden name if applicable) Address Zip Code

Date of Birth Place of Birth Citizenship

Social Security # Drivers License #

** There is a \$5.00 fee for background checks. Payment must be made by check or money order. Cash will not be accepted. Forms must be picked up within 5 business days after turning in this form. Any forms not picked up within 5 days will be shredded and a new form and payment will need to be submitted**

Signature Date

FOR OFFICE USE ONLY

- License data BCI In house Check
 - No disqualifying information
 - Disqualifying information
- _____
Chief of Police or Designee Signature