

*North Scituate School*

46 Institute Lane  
N. Scituate, RI 02857

Dear School Volunteers:

Thank you for your interest in volunteering in Scituate schools. Volunteers are required to have a BCI on file with the school.

Your request for a Criminal History Record Check must include the following:

1. Completed, notarized disclaimer (attached)
2. Photocopy of a Photo ID that includes date of birth (i.e.: license, RI Identification Card, etc)
3. Check or Money Order for \$5.00 made payable to "BCI"
4. Stamped envelope addressed to North Scituate School  
46 Institute Lane  
N. Scituate, RI 02857
5. Please indicate if you have students in another Scituate school\_\_\_\_\_

Mail the above information to:

State of Rhode Island and Providence Plantations  
Department of Attorney General  
150 South Main Street  
Providence, RI 02903

The Attorney General's Office will forward approved information to our school. We in turn will notify you of your approved status to volunteer in our school system.

If you have any questions regarding this procedure, you can refer to the website [www.riag.ri.gov](http://www.riag.ri.gov) and/or contact Assistant Elaine Langella at 401-274-4400 ext. 2251 or Deputy Chief Robert Chin at ext. 2276.

*After you have mailed your information to the Attorney General's office, please return this form to the school with your name written on the top.*

**Any person working with students who is being paid by the Scituate School Department or any of its representatives (i.e. PTA, PTO, PEP, etc) must complete a BCI with fingerprints. – please see the back of this form for details.**

Sincerely,

Bryan M. Byerlee  
Principal

Name: \_\_\_\_\_  
(Print or Type)

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

D/O/B: \_\_\_\_\_

***DISCLAIMER***

I \_\_\_\_\_ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to **North Scituate School** 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 therefrom, 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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expires**

NOTE: Copy of photo identification with date of birth must accompany this Disclaimer.