Westerly Police Services

5 Union Street Westerly, RI 02891 401-596-2022 401-596-7501 (Fax) I hereby authorize the Westerly Police Department to release any personal criminal information or data from this department or from the State of Rhode Island with regard to myself. This record must be released to me or to the company listed below with whom I am seeking employment.

	Name of Company			
TODAY'S DATE: Criminal Record Check Release Form				
Signature:Please print below information:				
Name:				
Maiden name (s) / Alias:				
Date of Birth:		S.S. #		
Telephone #				
Street Address: (No PO Boxes				
Town:		State	Zip	
Previous Residence:				
DO	O NOT WRITE BELOW TI	HIS LINE		
	Official Use On	ly		
Criminal Record Information	tion:			
Town of Westerly	Record	YES	NO	
State of Rhode Island BCI	Record	YES	NO	
Are records attached?		YES	NO See below	
Explana	tion of Police Record	below this line		
Clerk / Officer Signature			Date	