Pawtucket School Department
Administration Building
P. O Box 388/ 286 Main Street
Pawtucket, RI 02982-0388
Phone: 401-729-6300|Fax: 401-721-641

Revised 1/2026

BACKGROUND CHECK

To: Chief Goncalves
Pawtucket Police Department
121 Roosevelt Avenue
Pawtucket, RI 02860

Re: Name: _____

Please check the category that applies:

____ Classroom Volunteer ____ School Volunteer ____PTO Volunteer ____Coach Volunteer

SCHOOL: _____ Classroom # _____

_____
Randy A. Buck
Superintendent of Schools

I hereby AUTHORIZE the Superintendent of Schools of the City of Pawtucket, Rhode Island or his/her designee to communicate with any law enforcement agency concerning any reports, records of convictions or other information that such enforcement agency may have concerning me.

☐ I hereby RELEASE the City of Pawtucket, the Department of said city and its agents and employees, including the School Committee and the Superintendent of Schools, the Pawtucket Police Department and the employees of its Bureau of Criminal Identification, the State of Rhode Island, the Attorney General of said state and the employees of its Bureau of Criminal Identification JOINTLY AND SEVERALLY from any and all legal responsibility or liability that may arise from the furnishing of such criminal records or information photocopy of this form shall be considered as effective and valid as the original.

PRINT FULL NAME (INCLUDING MIDDLE NAME(S) _____

SIGNATURE: _____

PRINT FORMER NAME/NAMES OR OTHER ALIASES USED, I ANY: _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ SEX _____