



Pawtucket School Department  
 Administration Building  
 286 Main Street  
 Pawtucket, Rhode Island 02862-0388  
 Phone (401) 729-6300 Fax (401) 727-1641  
 TDD (401) 729-6338

Revised 8/2023

**BACKGROUND CHECK**

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

Re: Name: \_\_\_\_\_

Please check the category that applies:

\_\_\_ Classroom Volunteer \_\_\_ PTO Volunteer \_\_\_ Coach Volunteer \_\_\_ Student Teacher

SCHOOL: \_\_\_\_\_

  
 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 authorize the Identification Bureau of the Pawtucket Police Department and/or the Bureau of Criminal Identification of the Department of Attorney General of the State of Rhode Island to furnish to said Superintendent of Schools or his/her designee, copies or summaries of such reports and records, including all information on file with the National Criminal Information Center in Washington, DC.

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. Photo copy 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, IF ANY \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_