



MIDDLETOWN POLICE DEPARTMENT REQUEST FOR BCI CHECK

I hereby give my permission for the Middletown Police Department to obtain and release my criminal record for employment or personal reasons. You are authorized to send my record to:

Middletown Public Library

700 West Main Rd

Middletown, RI 02842

Print Name

Date of Birth

Social Security Number

Signature

Date

☐ Male ☐ Female Race _____
(Optional)

NOTARY PUBLIC (seal)

Address

City/State/Zip

Commission Expires

POLICE DEPARTMENT USE ONLY

Criminal History Performed on _____

NO RECORD _____ RECORD _____