

NAME: _____

DATE OF BIRTH: _____

DISCLAIMER

I, _____, request that the Bureau of Criminal Identification of the Department of the Attorney General for the State of Rhode Island to make available to the Narragansett Council, Boy Scouts of America and me any criminal record that I may have on file with the Bureau of Criminal Identification.

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 there from, whatsoever against the Narragansett Council, Boy Scouts of America; the Rhode Island Boy Scouts; the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and the 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 on this _____ day of _____ 2009.

Notary Public

My Commission Expires: _____

To be filled out only if you will be 18 years of age or older by August 27, 2009