



TOWN OF NARRAGANSETT
POLICE DEPARTMENT
40 Caswell Street • Narragansett, RI 02882
Tel. (401) 789-1091 • TDD (401) 782-0661 • Fax (401) 789-8819

COMMUNITY SERVICE OFFICER

RELEASE OF INFORMATION AUTHORIZATION

I hereby direct and authorize the Narragansett Police Department to review any criminal record that is on file.

I hereby waive and release any and all manner of actions, causes of action, and demands of every kind, nature, and description, arising from any release of criminal records and requests therefrom, whatsoever against the Town of Narragansett in both law and equity which I have or in the future may have.

Full Name (please print): _____

Signature: _____

Date of Birth: _____

Driver's License #: _____