

STATE OF RHODE ISLAND
DEPARTMENT OF CORRECTIONS

AUTHORITY FOR RELEASE OF INFORMATION
PERSONAL INQUIRY WAIVER FORM

TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF
ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORDS

SUBJECTS NAME: _____

ALIAS/MAIDEN NAME (Include all first and last names you have been known by from birth, including all
marriages, etc.): _____

I respectfully request and authorize you to furnish the Department of Corrections any and all information that you may have concerning my work record, school record, and military record. This information is to be used for the purpose of conducting a background investigation for confidential use of the Rhode Island Department of Corrections.

I hereby release you, your organization or others, and the Rhode Island Department of Corrections from any and all liability whatsoever and/or damages which may result from furnishing the information requested. A photocopy of this authorization shall be deemed as effective as the original.

Signature

Date

This waiver is valid through _____
(Six months from date of signature)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
OFFICE OF HUMAN RESOURCES
39 Howard Avenue
Cranston, RI 02920
(401) 462-3250
TDD# (401) 462-5180

BACKGROUND INFORMATION

APPLICANT:

Job Title: _____

Name: _____

Maiden Name: _____

Address: _____

How Long? _____

Previous Address (if at current address for less than six months):

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Date of Birth: _____

PREVIOUS WORK EXPERIENCE: (five years or three employers)

Company: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Supervisor: _____

Company: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Supervisor: _____

Company: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Supervisor: _____

REFERENCES: (known at least one year, not immediate family)

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

NEIGHBORHOOD: (must live within close walking distance)

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____
(Cell Phone) _____ (Pager) _____