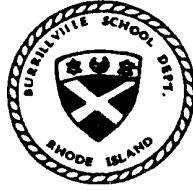


**BURRILLVILLE SCHOOL DEPARTMENT**  
*William L. Callahan School*

David P. Brissette, Principal

75 Callahan School Street  
Harrisville, RI 02830-1328  
Tel: (401) 568-1330  
Fax: (401) 568-1328



**WAIVER AUTHORIZATION**

This Waiver Authorization expressly authorizes the Division of Criminal Identification, Department of Attorney General, State of Rhode Island, to furnish the Burrillville School Department, any information it may have on file concerning my conviction of any crimes. The release of this requested information is necessary for the purpose of employment. The authorization information is not be given to any other person, firm or corporation not specified herein without first obtaining the undersigned's additional written consent. The undersigned may withdraw this consent at any time, in writing.

\_\_\_\_\_  
**Full Name (please print)**

\_\_\_\_\_  
**Any Other Names or Aliases Used (including maiden name)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**List all of the states you have lived in as an adult.**

*Must be signed in the presence of a Notary Public*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Type of Identification**

\_\_\_\_\_  
**Notary Public**

*For Administrative Use Only*

**Approved**                       **Disapproved**  
**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Chief of Police, Burrillville, Rhode Island**

\_\_\_\_\_  
**Date**