

**Bureau of Criminal Identification  
Authorization Form**

I, \_\_\_\_\_, hereby consent and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Defense Counterintelligence and Security Agency (DCSA), 1137 Branchton Road, Boyers, PA 16018, any criminal record that the Bureau of Criminal Identification has on file in reference to me.

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 therefrom, whatsoever against 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_