

# Star Kids Scholarship Program

P.O. Box 6214 Middletown, RI 02842

## **AUTHORIZATION, RELEASE AND WAIVER**

Due to the nature of the Mentor Program we are required to conduct a Police Check on all prospective mentors. We hope that you understand that this step is necessary for the child's safety as well as yours.

LEGAL NAME \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

MAIDEN NAME/ALIAS \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEX \_\_\_

I hereby authorize Star Kids Scholarship Program to communicate with any Law Enforcement Agency concerning any reports, records of convictions, or other information that such law enforcement agency may have concerning me. I also AUTHORIZE ANY LOCAL OR STATE BUREAU OF CRIMINAL IDENTIFICATION to furnish Star Kids Scholarship Program with any such information.

I hereby WAIVE and RELEASE Star Kids Scholarship Program, any State or Local Bureau of Criminal Identification, and any of their employees of all legal responsibility and liability which may arise from the furnishing of any criminal records or information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ OF \_\_\_\_\_ PERSONALLY  
(Name of Mentor Applicant) (Town)

APPEARED BEFORE ME AND MADE OATH THAT THE FACTS STATED ABOVE ARE TRUE.

SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public County Date of Expiration

For Police Department Use Only: