



RHODE ISLAND STATE POLICE
Criminal Identification Unit
 311 Danielson Pike, North Scituate, RI 02857-1907
 Telephone: (401) 444-1792

Ann C. Assumpico
 Colonel
 Superintendent

Background Check Fingerprinting Form

Please type or print

Full Name: _____ **Date of Birth:** _____

Mailing Address: _____

Phone Number: _____

Reason for fingerprints:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Child Care | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Marijuana Law |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Mental Health | <input type="checkbox"/> School Employment | <input type="checkbox"/> Other (<i>specify below</i>) |

If other, please specify: _____

Name of Facility Requesting Results: _____

Facility Address: _____

Facility Phone Number: _____

Facility Email Address: _____
 (owner/manager/human resources department)

Preferred means of notification to facility requesting results: Email Postal Mail

Office use only

Check number: _____

Receipt number: _____