

**PERMISSION FOR RELEASE OF INFORMATION FOR CRIMINAL RECORDS**

I hereby give my permission for the Middletown Police Department to obtain and release my criminal record for employment or personal reasons. You are authorized to send my record to:



*Middletown Public Schools  
Oliphant Administration Building  
26 Oliphant Lane  
Middletown, Rhode Island 02842*

**FIRST Robotics  
and Technology  
Team of  
Newport  
County**

Print Name

Date of Birth

Social Security Number

**FIRST Robotics**

Title of Position

Signature

Date

Male

Female

Race: \_\_\_\_\_  
(Optional)

Notary Public  
(SEAL)

Address

City/State/Zip

Commission Expires

OFFICIAL USE ONLY

DATE

CRIMINAL HISTORY PERFORMED

No Record \_\_\_\_\_

Record \_\_\_\_\_