

RHODE ISLAND STATE POLICE

Forensic Services Unit

311 Danielson Pike, North Scituate, RI 02857-1907 Telephone: (401) 764-5364

Background Check Fingerprinting Form

Please print

Full Name:	Date o	Date of Birth:			
Mailing Address:					
Phone Number:					
Reason for fingerprints:					
Adoption/Foster	Child Care	Youth Ser	rving Agency	Mar	ijuana
Massage Therapist	☐ Mental Health (BHDDH) ☐ School Employment ☐ Other (specify below)				
If other, please specify:					
Note: for Child / Day Care and State of Facility Requesting Facility Address:	g Results:				
Facility Phone Number:					
Facility Email Address:					
(owner/manager/human reso	urces department)				
Preferred means of notific	ation to facility req	uesting results:	Email		Postal Mail
		Office use only			
Check nu	ımber:	_	Receipt number:		_