

**Make-A-Wish Foundation®
of Rhode Island**
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Cranston, Rhode Island 02910
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401 781-9475 fax
rhodeis@wish.org
www.makeawishri.org



**AUTHORIZATION AND RELEASE
FOR
CRIMINAL BACKGROUND INVESTIGATION**

I, _____, of _____
(name) (street address)
_____, do hereby authorize the Attorney General's
(city, state, zip)

Office of the State of Rhode Island to release to Dr. Diana Hackney of the

Make-A-Wish Foundation® of Rhode Island, any and all records relating to my criminal background, and I hereby release the Make-A-Wish Foundation and all directors, officers, and other individuals connected therewith from any and all liability for any damages related thereto. I have attached hereto a copy of my driver's license.

My date of birth is: _____

My driver's license number is: _____

(Signature of volunteer applicant)

(Date)

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(Notary Public)



Share the Power of a Wish®