

# NARRAGANSETT SCHOOL SYSTEM

ADMINISTRATIVE OFFICES  
25 FIFTH AVENUE  
NARRAGANSETT, RHODE ISLAND 02882-3612  
Telephone (401) 792-9450  
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**PETER J. CUMMINGS, Ed.D.**  
SUPERINTENDENT OF SCHOOLS

**MELISSA DENTON**  
DIRECTOR OF STUDENT SERVICES

**KAREN M. HAGAN, CPA**  
DIRECTOR OF FINANCE

Dear Student Teacher/Volunteer:

Please bring this document along with the Narragansett System's (NSS) Release form to your local police department. Once processed, your local police department will email the BCI clearance letter to undersigned at the Narragansett School Department and you will be added to the volunteer list.

\_\_\_\_\_  
Name of City/Town

POLICE DEPARTMENT

## BACKGROUND CHECK REQUEST

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

To the \_\_\_\_\_ Police Department:

\_\_\_\_\_ intends (print name) to volunteer or student teach within the Narragansett School System. Please process this BCI request and email a letter stating the result to [lruggiero@nssk12.org](mailto:lruggiero@nssk12.org).

Thank you for your cooperation with regard to processing this request.

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**CONFIDENTIALITY AGREEMENT**

As a volunteer of the Narragansett School System, I will abide by the confidentiality agreement and never discuss my observations and knowledge of the children and their families with others. I understand all information regarding students and staff is strictly confidential whether medical or otherwise, and must never be discussed. If I have questions or concerns, I will immediately inform the child's classroom teacher.

Please initial here that you have read, and understand, our policy: \_\_\_\_\_

**RELEASE OF INFORMATION AUTHORIZATION**

I hereby direct and authorize the Narragansett School System to review any criminal records that is on file in reference to me.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the Narragansett School System in both law and equity which I may now have or in the further may have. I am also aware that it is my responsibility to contact the Narragansett School System if any criminal charges are brought against me after this date.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

Your email address: \_\_\_\_\_

\_\_\_\_\_  
Driver's License No.

Signed Before Me:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of Birth

Term Expires on \_\_\_\_\_

The Narragansett School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all sponsored programs and activities