



## BCI Release Form

Attorney General – BCI Unit  
State of Rhode Island  
150 South Main Street  
Providence, RI 02903

Dear Attorney General:

\_\_\_\_\_ is an applicant for housing at \_\_\_\_\_, a federally subsidized apartment complex designated for elderly and disabled residents. Please provide a copy of the BCI Criminal Records Check to this office as part of the application process for this prospective resident. This applicant has signed this request form and a copy of the driver's license or other valid photo identification is attached. A self-addressed postage-paid return envelope is enclosed for your convenience.

Thank you for your time and consideration of this matter.

Sincerely,

Ferland Property Management

I, \_\_\_\_\_ authorize Ferland Property Management to request & receive a copy of my BCI Criminal Records Check report.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

Maiden Name(s), if any: \_\_\_\_\_

Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
My Commission Expires: