BCI Check Form Instructions & Frequently Asked Questions

Please review the information below before submitting your BCI paperwork.

Is Identification required?

-Only your license number is required on the BCI form.

Do I need to sign the BCI form?

-Yes. Please make sure the BCI form is signed before submitting it.

Do BCI checks related to school field trips require notarization?

-No. BCI forms related to school field trips do not need to be notarized.

How do I get a receipt?

-Your confirmation email serves as your receipt.

What do I do when I have completed the form?

-Email the completed form as a PDF to: **records@lincolnpoliceri.com**

How long will it take to process?

-The expected turnaround time is approximately 24-48 hours.

*****Lincoln Schools Only*** – Please list only the name of the school, no address is needed. All other schools should submit the school's name as well as the address.**

Town Administrator
Philip Gould

Lincoln Police Department

100 Old River Road
Lincoln, RI 02865
(401) 333-1111
A State Accredited Agency

Chief of Police
Dennis Fleming

BCI WAIVER AUTHORIZATION

I HEARBY DIRECT AND AUTHORIZE THE LINCOLN POLICE DEPARTMENT TO OBTAIN FROM THE BUREAU OF CRIMINAL IDENTIFICATION FOR THE STATE OF RHODE ISLAND AND ANY CRIMINAL RECORD THAT THE BUREAU OF CRIMINAL IDENTIFICATION HAS ON FILE IN REFERENCE TO ME. I FURTHER AUTHORIZE THE LINCOLN POLICE DEPARTMENT TO RELEASE THIS INFORMATION TO THE FOLLOWING COMPANY, FIRM, OR INDIVIDUAL

COMPANY NAME _____
COMPANY ADDRESS _____ PHONE# _____
ATTENTION _____CONTACT PHONE#_____

I HEREBY WAIVE AND RELEASE ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTIONS AND DEMANDS OF EVERYKIND, NATURE AND DESCRIPTION, ARISING FROM ANY RELEASE OF CRIMINAL RECORDS AND REQUESTS THEREFORE, WHATSOEVER, AGAINST THE STATE OF RHODE ISLAND BUREAU OF CRIMINAL INVESTIGATION, THE ATTORNEY GENERAL, THE EMPLOYEES OF THE ATTORNEY GENERAL'S OFFICE, THE TOWN OF LINCOLN, THE LINCOLN POLICE DEPARTMENT AND THE EMPLOYEES OF THE LINCOLN POLICE DEPARTMENT, IN BOTH LAW AND EQUITY WHICH I MAY NOW HAVE OR IN THE FUTURE MAY HAVE

SIGNATURE OF APPLICANT _____
APPLICANT NAME _____ DATE OF BIRTH_____
DRIVER'S LICENSE # _____ PHONE # _____
PRESENT ADDRESS: _____
CITY_____STATE_____ HOW LONG AT THIS ADDRESS _____
PREVIOUS ADDRESS _____
CITY_____STATE_____ HOW LONG AT THIS ADDRESS _____

NOTARY PUBLIC INFORMATION
SUBSCRIBED AND SWORN BEFORE ME THIS_____ DAY OF _____, 2026.

_____

NOTARY PUBLIC COMMISSION EXPIRES