

STATE OF RHODE ISLAND
Department of Children, Youth and Families
Fingerprint Affidavit

Date of Request: _____

- Reason for Fingerprints:
- PROSPECTIVE FOSTER PARENT
 - PROSPECTIVE ADOPTIVE PARENT
 - PROSPECTIVE CHILD CARE OPERATOR
 - PROSPECTIVE CHILD CARE EMPLOYEE
 - PROSPECTIVE RI TRAINING SCHOOL EMPLOYEE
- _____

Applicant: Name: _____
D.O.B.: _____
Address: _____

Results of Criminal Records Check should be sent to: (Enter name and address below.)
Kingston Hill Academy Attention:
850 Stony Fort Road
Saunderstown, RI 02874

Applicant Signature Date

Law Enforcement Agency Representative Signature Date

Law Enforcement Agency