



State of Rhode Island and Providence Plantations  
RI Department of Labor and Training

**Board of Policemen's Relief**  
**Tuition Request Affidavit of Disabled Police Officer**

I \_\_\_\_\_, SSN: \_\_\_\_\_  
(Name)  
of \_\_\_\_\_  
(Address, \_\_\_\_\_ State, \_\_\_\_\_ Zip)

having been duly sworn on oath do hereby depose and state as follows:

- 1.) I was an active member with the rank of \_\_\_\_\_ employed by the \_\_\_\_\_ Police Dept.
- 2.) On (date) \_\_\_\_\_, I became totally disabled.

Explain:

- 3.) My mind or body is impaired to the extent that it is impossible for me to follow continuously--part time or full time—a gainful occupation. (Please attach a doctor's certificate attesting to this.)
- 4.) If at any time I enter into a gainful occupation, part time or full time, I will notify the Board of Police Officer's Relief; and my child's tuition benefits may be automatically terminated

I am requesting tuition payment to attend RI College; University of RI; or Community College of RI for:

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Date of FIRST Semester Enrolled: \_\_\_\_\_

Semesters Completed: \_\_\_\_\_ Academic Credits Earned: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

REQUESTING PAYMENT FOR SEMESTER BEGINNING (mo/yr): \_\_\_\_\_  Part-time  Full-Time

Transcript Release Authorization Student ID #: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Disabled Officer \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH: 1. Physician's Disability Certification [#3]  
2. Letter from Police Chief stating date of disability

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

MAIL TO:  
RI Department of Labor and Training  
Board of Police Officers' Relief  
1511 Pontiac Avenue  
Cranston, RI 02920

\_\_\_\_\_  
Notary Public  
My Commission Expires on: \_\_\_\_\_