



State of Rhode Island
RI Department of Labor and Training



Statement of Officer

I understand that the information on this form will be used to determine the eligibility of my child/children/myself for tuition benefits for RIC; URI; or CCRI based on my total and permanent disability. **I further understand that if at any time I enter into a gainful occupation; part time or full time, I must notify the Board of Police Officers Relief** and mine or my child/children’s tuition benefits may be automatically terminated.

I hereby certify that the information stated is true and to the best of my knowledge.

Signature: _____

Date: _____

Subscribed and Sworn before me this

Date: _____

Notary Public: _____

My commission expires on: _____

NOTE: Disabled Officer MUST complete this form and submit it with Tuition Application EACH SEMESTER.

Mail to: Rhode Island Department of Labor and Training
Board of Police Officers’ Relief
1511 Pontiac Avenue
Cranston, RI 02920