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

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