

**AUTHORITY FOR RELEASE OF INFORMATION**  
**State Access Only**  
**Name Check Access**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with SANDHILLS CENTER FOR MENTAL HEALTH pursuant to DHHS-LONG TERM – STATE AND FED – NCGS 122C-80B/131 D-40A A1/131D-40A A1.

(type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security #	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500  
**ORI # HCP000008 – SANDHILLS CENTER FOR MENTAL HEALTH**  
HCP000008

HCP000008

