

**AUTHORITY FOR RELEASE OF INFORMATION
STATE ACCESS ONLY**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina criminal history record information check in connection with my application for employment, my employment or volunteer services with Raleigh Mennonite Church pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265

(Print or Type)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, 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 the the liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a hard copy of the results of this criminal history record 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 request form must be accompanied with a transmittal letter from the Authorized Official of Individual requesting criminal history record information. This request must be mailed to:

State Bureau of Investigation
Attn: Criminal Information and Identification Section/Applicant Unit
PO Box 29500
Raleigh, NC 27626-0500

ORI # CHUR00015-RALEIGH MENNONITE CHURCH

NAME CHECK: \$10.00 _____

01-132-03
Health Care Providers
October 25, 2005