



DEPARTMENT OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION
Criminal History Record Check Request

Criminal Justice
Non Criminal Justice

Applicant
Intern
Volunteer

Section I

Requesting Official: Signature:

Section II

Subject of Inquiry:

Last Name First Name Middle Name

List ALL previously used last names:

Maiden Name(s):

Race: Gender: DOB: Social Security #:

NC Driver's License #: Out of State DL#'s:

Height: Weight: Color of: Eyes Hair

Scars/Tattoos/Marks:

Place of Birth: High School:

Release: I hereby give my permission for the Department of Juvenile Justice and Delinquency Prevention to conduct a criminal history record check for the purpose of employment screening. I understand that a criminal history may serve as a basis to deny employment.

Signed: Date:

Section III (for DCI Operator Use Only)

Date Returned: Information Returned By: Phone Letter Fax

DCI Operator No Record Hit Record: DCI

Notes: