

AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access

I authorize the North Carolina Department of Public Safety 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 PINNACLE HOME CARE INC pursuant to DHHS-LONG TERM - STATE AND FED - NCGS 122C-80B/131D-40A A1/131D-40A A1.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional*)	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 # HCPCAR820 - PINNACLE HOME CARE INC

HCPCAR820





903 East Arlington Blvd. Greenville, NC 27858

Office (252) 355-4703

Fax (252) 355-0095

Request of Information

To: _____

From: _____

The individual listed below has applied for a position with our company and indicates a previous course of study with your agency and is authorizing the release of educational records for verification purposes. The information requested will be used to help us evaluate the applicant. All information is confidential. We appreciate your help with this matter.

*Applicant Print Name: _____

*Signature: _____ *Date: _____

*Name at time of graduation/GED: _____

*Name of school you received diploma/GED: _____

*Grad/Completion date: _____ *Date of Birth: ____/____/____

*Social Security Number ____ - ____ - ____

Please complete the following information:

Organization/Company Name: _____

Course Name: _____

Class Dates: _____ to _____

Number of hours completed: _____

Graduated? Yes ____ No ____

If no, please explain _____

Signature

Date