

DIVISION OF ADULT CORRECTION-PRISONS

CRIMINAL BACKGROUND CHECK REQUEST FORM

March 2018 CV Workshop

Place: Hope Center, 1201 S. State Street, Raleigh, NC

Date: March 5, 2018 (Monday 6pm-8pm)

** (Deadline for return of this form February 5, 2018) **

Please print clearly and include an email address

In order for the request to be processed ALL items must be filled out.

NAME OF APPLICANT: _____ Date: _____

If Legal Name has changed within the last (2) two years provide prior name: _____

Purpose of Request: (ex. Employment or Volunteer) VOLUNTEER

Date of Birth: _____ Race: _____ Sex: _____

Operator License Number (DL): _____ State of Issue: _____

Complete Social Security Number: _____ (ALL NINE NUMBERS ARE REQUIRED)

Phone Number: _____

Home Address: _____

Email Address: _____

Secondary Address: (If at current address less than (5) five years)

*****BELOW THIS LINE OFFICE USE ONLY*****

Requested By: Wileasher Barrera, Comm. Vol. Coordinator, CCM

Phone Number: 733-4248 ext. 219

Date of Request: _____

Pin Check Completed By: _____ Date: _____

Approved by: _____ Date: _____

Notes: _____
