

**NCDPS**  
**DIVISION OF ADULT CORRECTION-PRISONS**  
**CRIMINAL BACKGROUND CHECK REQUEST FORM**

**September CV Workshop**

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

Date: September 8, 2018 (9am-11am)

**\*\* (Deadline for return of this form August 10, 2018) \*\***

**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Requested By: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext. \_\_\_\_\_

Date of Request: \_\_\_\_\_

Pin Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_