

SBI COLLEGE INTERN AUTHORIZATION AND RELEASE FORM

10-25-05

TO WHOM IT MAY CONCERN:

I, _____, SSN (last four digits) _____,
PRINT Last Name First Middle Maiden

have applied for a college internship position with the North Carolina State Bureau of Investigation (SBI) and hereby consent to a background investigation. I am aware that the investigation will consist of a name, driver's license, and fingerprint card criminal history check in the North Carolina state files and the FBI national files.

I hereby authorize and request any person having control of any documents including, but not limited to: criminal and court records that pertain to me, to furnish such documents to the SBI. I understand that the investigative process requires the SBI to receive and release my social security account number for the purpose of assessing or verifying pertinent information, and I authorize such receipt and release. I understand that I will not receive, and am not entitled to, a copy of the report or to know its contents.

This authorization shall serve as a release of liability to all parties furnishing such information during the background investigation conducted by the SBI. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

College Intern Signature

Date

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Signature of Notary Public

My Commission Expires: _____

(Notary Seal)