



North Carolina State Crime Laboratory

Internship Authorization and Release Form

TO WHOM IT MAY CONCERN:

I, _____, SSN (last 4 digits) _____,
(Print) Last First Middle Maiden

have applied for an internship position with the North Carolina State Crime Laboratory (NCSCCL) 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 NCSCCL. I understand that the investigative process requires the NCSCCL to receive and release my social security 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 NCSCCL. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

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)