

Agency Name \_\_\_\_\_  
Facility ID# \_\_\_\_\_

**AUTHORITY FOR RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check in connection with my fitness to be a foster parent licensed by the Department of Health and Human Services, (DHHS) Division of Social Services (DSS) pursuant to N.C.G.S. 114-19.4 and 131D-10.3A.

<b>LAST NAME</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>MAIDEN</b>
_____	_____	_____	_____
_____	_____	_____	_____
<b>SOCIAL SECURITY NUMBER</b>	<b>DOB</b>	<b>SEX</b>	<b>RACE</b>

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the DHHS,DSS 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 DHHS,DSS cannot release the results of this criminal history record check to me.

<b>Foster Parent's Signature</b>	<b>Or</b>	<b>Other Adult member of Household</b>
_____		_____
<b>Date</b>		<b>Date</b>
_____		_____