North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Controlled Substances Reporting System
Mail Service Center 3008
Raleigh, NC 27699-3008
Phone: (919) 733-1765

REQUEST FOR INDIVIDUAL'S OWN CONTROLLED SUBSTANCES REPORTING SYSTEM INFORMATION

Please Print or Type and Use Full Name, not Initials	
Name (First, Middle, Last, Suffix (Jr., Sr., III)	Date of Birth
Street Address	City, State, Zip Code
Area Code and Telephone Number	Specific time period to be covered in report:
Signature	Date

Subscribed and sworn to me, a notary public in and for the State of North Carolina, on this _____ day of _____, _____. My commission expires on the _____ day of _____, _____.

_____
Notary Signature

Pursuant to N.C.G.S. 90-113.75 a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed five thousand dollars ($5,000) per violation.

Mail the following items to the Controlled Substances Reporting System:

- **Notarized Request for Information Form**
- **Copy of Current Drivers License**

FOR DEPARTMENT USE ONLY			
Date received	☐ Approved ☐ Disapproved	Signature	Date of Action