

TO WHOM IT MAY CONCERN:

## **NORTH CAROLINA** STATE BUREAU OF INVESTIGATION

R. E. "CHIP" HAWLEY DIRECTOR

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## SBI COLLEGE INTERN AUTHORIZATION AND RELEASE FORM

I,	, SSN (last four digits),	
PRINT Last Name First Middle	Maiden	
have applied for a college internship posit hereby consent to a background investigat license, and fingerprint card criminal histo	ion. I am aware that the investiga	ation will consist of a name, driver's
I hereby authorize and request any personal and court records that pertain to investigative process requires the SBI to reof assessing or verifying pertinent information treceive, and am not entitled to, a copy	o me, to furnish such documents eceive and release my social secu ation, and I authorize such receipt	to the SBI. I understand that the rity account number for the purpose and release. I understand that I will
This authorization shall serve as a release background investigation conducted by the and binding as the original hand-executed	ne SBI. A photocopy of this release	
	College Intern Signature	Date
State of		
County of		
Sworn to and subscribed before me this _	day of	, 20
	Signature of Notary Publi	c
My Commission Expires:		
	(	Notary Seal)