

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 investigat	tion will consist of a name, driver's
I hereby authorize and request any persocriminal and court records that pertain to investigative process requires the SBI to re of assessing or verifying pertinent information not receive, and am not entitled to, a copy	o me, to furnish such documents eceive and release my social secur tion, and I authorize such receipt a	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 releas background investigation conducted by th and binding as the original hand-executed	e SBI. A photocopy of this relea	
	College Intern Signature	Date
State of		
County of		
Sworn to and subscribed before me this	day of	, 20
	Signature of Notary Public	<u> </u>
My Commission Expires:		
	(1)	Notary Seal)