

AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check

Home/Business Telephone Number _____

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Support Services to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the Federal Bureau of Investigation's files for a notional criminal history record check in connection with my application for license with the ABC Commission/Alcohol Law Enforcement Division pursuant to N.C.G.S. 18b-902 (HB 1638).

(Print or Type)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Support Services, and its officials and employees shall not be held legally accountable in any way for providing this information to the Alcohol Law Enforcement Division and the ABC Commission, 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 Alcohol Law Enforcement Division and ABC Commission cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant/Employee Signature

Date

This request form must be accompanied with a transmittal letter from the Authorized Official or individual requesting Criminal History Record Information. This request must be mailed to:

State Bureau of Investigation
Attn: Identification Section/ Applicant Unit
PO Box 29500
Raleigh, NC 27626-0500

**ORI # ALEABC000 – ALCOHOL LAW ENFORCEMENT –
ABC PERMITS**