



**North Carolina Department of Health and Human Services
Criminal Record Check Consent Form
for Agency/Contract Employees & Students/Interns**

Release:

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a name and/or 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 suitability to perform work for the Department of Health and Human Services pursuant to N.C.G.S. 114-19.6, N.C.G.S. 114-19.2, N.C.G.S. 143B-146.16 and N.C.G.S. 115C-332. In addition, I authorize the North Carolina Department of Health and Human Services to conduct a name check through use of the Administrative Office of the Courts (AOC) data system.

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, the Administrative Office of the Courts, DHHS and their officials and employees shall not be held legally accountable in any way for providing this information to DHHS and I hereby release said agencies and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that DHHS cannot release the results of the criminal history record check to me.

I understand failure to consent is just cause to deny or terminate employment and a criminal history may serve as a basis to deny or terminate employment.

Signed _____ Date _____