

NC Department of Public Safety, Prisons

DCI RECORD REQUEST/VERIFICATION (ACO, Criminal and DMV)

\*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

(Please check all that apply)

Community Volunteer: \_\_\_\_ Work Release: \_\_\_\_ Home Leaves: \_\_\_\_ Transportation: \_\_\_\_  
Visitation: \_\_\_\_ Correctional Agent: \_\_\_\_ Other: \_\_\_\_\_

(Please print)

\*Name \_\_\_\_\_  
(Last) (First) (Middle Name/Initial)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cell Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Sex: M \_\_\_ F \_\_\_

I, \_\_\_\_\_ authorize the Department of Public Safety, Prisons to obtain a DCI Record Request  
(Signature) (Date)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DCI search completed by: \_\_\_\_\_  
(AOC, Criminal & DMV) (Name) (Title) (Date)

Final disposition Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: File

**Note:** (It is not required to keep a copy of the report, unless you feel it is necessary. However, this form must be kept on file in a confidential locked location for verification of Approval/Disapproval.)