

**AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR CRIMINAL BACKGROUND INVESTIGATION**

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I authorize the Graham County School System through The Background Investigation Bureau and/or the Human Resource Director for Graham County Schools, through the State Bureau of Investigation, Division of Criminal Information to perform a Criminal History Records Information Check in connection with my application for employment or my employment with Graham County Schools pursuant to N.C.G.S. 114-19.2.

LAST NAME	FIRST	MIDDLE	MAIDEN	NICKNAME
_____	_____	_____	_____	_____

(Print or type)

SOCIAL SECURITY NO.	DRIVERS LIC. NO.	DOB	SEX	RACE
_____	_____	_____	_____	_____

I understand that the Background Investigation Bureau and/or Human Resource Director for Graham County Schools, through the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named School, 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 School cannot release the results of this criminal history record check to me.

\_\_\_\_\_  
Applicant's/ Employee's Signature

\_\_\_\_\_  
Date

Current Address:  
\_\_\_\_\_  
\_\_\_\_\_