

## RESCIND

### CRIMINAL HISTORY CHECKS OF APPLICANTS AND INDEPENDENT CONTRACTORS

FILE: GBN-E1

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#### AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a name and fingerprint search of the State's criminal history record file and/or criminal history record check in connection with my application for employment or my employment with **TRANSYLVANIA COUNTY SCHOOLS** pursuant to N.C.G.S. 114-19.2 and 115C-332.

*Please print or type:*

_____	_____	_____	_____
Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security No.	Date of Birth	Sex	Race

I understand that 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 system, 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 system cannot release the results of this criminal history record check to me.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

*This completed form, along with the applicant's fingerprint card, will be forwarded to the State Bureau of Investigation, Division of Criminal Information.*

APPROVED BY BOARD  
AND EFFECTIVE 5/6/96