

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: Paul Kertesz Date: _____

Title: Program Supervisor Facility: Craggy CC #4630

(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.)