



P.H.P. of N.C., Inc.

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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 Criminal/ DMV history record information check in connection with my application, my current contract, my current employment, or volunteer services with PHP of NC, Inc pursuant to:

1. NC GS 114-19.3: Criminal record checks of providers of treatment for or services to children, the elderly, mental health patients, the sick, and the disabled.
2. NC GS 131e-255: Shall establish and maintain a registry containing the names of all nurse aides working in nursing facilities in North Carolina.

Please print:

Last Name: 	First Name: 	Middle Name: 	Maiden Name:
Social Security #: _____ - ____ - _____	Date of Birth: ____ / ____ / ____	Sex: (circle) Male / Female	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 PHP of NC, Inc., 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 PHP of NC, Inc. is not required to release the results of this Criminal/ DMV history record check to me.

Signature of Applicant/ Employee/ Contractor/Volunteer

Date

Form 5.04-A

