

Criminal Background Check
Out of State Background Check Request

State Requesting Background Check: _____

Date Requested: _____

Arizona Dept. of Economic Security/Child Care Administration/Central Registry

Person Requesting Background Check: _____ Contact Number _____

Individual

Director

State Agency

Applicant Name: _____

Last

First

Middle

Maiden or Alias'

DOB _____

Last 4 of SS# _____

Race _____

Gender _____

NC County/Countries where applicant has lived: _____

State Agency Address to mail Results:

SUBMIT COMPLETED FORM TO:

State of North Carolina
Department OF Health and Human Services
Criminal Record Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2200

INTERNAL STAFF ONLY (Date and Initial each check when completed)

RIL _____
Initial Date

CMR _____
Initial Date

SOR _____
Initial Date

AOC _____
Initial Date