

**NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD
AUTHORIZATION FOR RELEASE OF RECORDS**

I, (Print Full Name) _____,

Social Security Number _____ and date of birth of _____,

hereby request and authorize the following:

Release of General Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I request that all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me to release and furnish to the North Carolina Department of Justice and to the Alarm Systems Licensing Board all records and other information concerning me, including internal affairs files, disciplinary files and any information concerning pending and/or closed investigations. The above mentioned agencies are currently conducting a personal background to determine my suitability for a Alarm Systems Board License, Certification and/or Registration. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

Release of Criminal Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I hereby consent to allow the Alarm Systems Licensing Board and the N.C. Department of Justice to access my criminal record. In order to conduct a thorough criminal record check on me, I authorize the Alarm Systems Licensing Board and the N.C. Department of Justice to use my fingerprints and any other identifying information as may be required by any state or national repository. I acknowledge that my fingerprints may be submitted to the North Carolina State Bureau of Investigation or any other states' criminal record depository for a search of the state criminal history record file. The North Carolina State Bureau of Investigation has my permission to forward my fingerprints and any other identifying information to the Federal Bureau of Investigation for a national criminal history check.

Equifax Credit Check

I am applying for a license from the North Carolina Alarm Systems Licensing Board. I hereby consent to allow the Alarm Systems Licensing Board and the N.C. Department of Justice to access my credit history through Equifax. I acknowledge that it is my responsibility to prove to the Board that I am financially responsible. Once I receive a copy of my Equifax credit check from the Board, I will review the credit information and will contact Equifax should I find any errors or omissions. After review, I will sign the credit check and thereby certify that I am providing a true and accurate copy of my credit history to the Board as part of my application process.

Disclosure Release

Once all General Records and Criminal Records have been obtained, I hereby grant permission to the Alarm Systems Licensing Board, by and through its administrative staff, employees, or agents, to meet with my current employer, sponsor, or potential employer to discuss the complete results of my background investigation, to include a review of the above-referenced documents. I hereby grant permission and allow the Board, its administrative staff, employees, or agents, to discuss all aspects of my background, both positive and negative, with my current employer, sponsor, or potential employer.

Liability Release

By making this request, I release all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me from any liability whatsoever and from any damages whatsoever, which may at any time result because of compliance with this authorization and request.

This the _____ day of _____, 20_____.

Applicant's Signature

_____ County, North Carolina

I, _____, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing document. Witness my hand and official seal this the _____ day of _____, 20_____.

(Official Signature of Notary)

Notary Public

My Commission Expires: _____

(Official Seal)