

**AUTHORITY FOR RELEASE OF INFORMATION
State and Federal Record Check**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Support Services to perform a fingerprint search of the State's criminal history record file in connection with my application for a Behavior Analyst License with the North Carolina Behavior Analyst Licensure Board pursuant to as required by G.S. 90-726.14.

Please type or print; use only black or blue ink.

Last Name	First Name	Middle Name	
Maiden Name			
Social Security Number	Date of Birth	Gender	Race

I understand that the North Carolina State Bureau of Investigation, Division of Support Services and its officials and employees shall not be held legally accountable in any way for providing this information to the North Carolina Behavior Analyst Licensure Board, 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 North Carolina Behavior Analyst Licensure Board cannot provide the results of this criminal history record check to me.

Signature of Applicant	Date
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This request form must be kept on file at the agency for a period of one year.

ORI # NCBALB000

Total cost to be borne by the applicant is \$14.