North Carolina Wildlife Resources Commission
1707 Mail Service Center Raleigh, NC 27699-1700
Telephone: (888) 248-6834 / Fax: (919) 707-0292

Release Authorization Form

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

North Carolina Wildlife Resources Commission ("The Department") may obtain information about you from a consumer reporting agency for your role in providing Agent services licensed by the Department. These reports may be obtained at any time after receipt of this authorization and, if you are approved as an Agent, throughout your license or contract term. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to Agents for the Department is an investigation of information that may include, but is not limited to sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by Background Investigation Bureau (BIB) who may be reached by phone at (877) 439-3900, from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing the Department to obtain from any outside organization all manner of consumer reports now and, if you are approved as an Agent, throughout the course of your license or contract term to the extent permitted by law.

I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

*** PLEASE PRINT CLEARLY ***

*Please complete, sign, and return this form by mail to the address above or by fax to (919) 707-0292*

Name (First) ________________________ (Middle) _____________________ (Last) _______________________

List any other name used in the last 7 years (Maiden name) ______________________________________________________

Resident Address: ___________________________________________ City __________________________ State ______ Zip________

County ______________________________ Driver’s License #___________________ State ____________

Gender: Male or Female Race: __________________ Phone (__________) ____________-___________

Date of Birth _________-________-________ Email ____________________________________________

Month / Day / Year (Required)

Applicants Signature __________________________________________ Date ______________________

Once we received the background check authorization form you will receive an email from BIB containing user name and password to complete a detailed background check at the email address provided on this form.

Division: Customer Service Section (WDCA)