

DCI RECORD REQUEST/VERIFICATION (AOC, Criminal, and DMV)

\*In order to ensure the most accurate and complete investigation, please provide **all information** and **print legibly**. This form **must be complete** to be processed.

NCCIW Staff Person and Title requesting info: \_\_\_\_\_ Facility: NCCIW - 3010

(Please check one)  
Blue Card Renewal / First Time Blue Card / Onetime Visit

(Please check below how often you will come if not onetime visit)  
Weekly / Monthly / Quarterly Other: \_\_\_\_\_

**Training date** for class you will attend: \_\_\_\_\_

(Please check program that applies to you) (Please write in below for other) (Please name religious program below, Yorkfellow, Kairos, etc.)

MATCH: \_\_\_ Tour: \_\_\_ Visitation: \_\_\_ Other: \_\_\_\_\_ Religious: \_\_\_\_\_

\*Name \_\_\_\_\_  
(Last) (First) (Middle Name)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

(Previous Address if less than two years)

\*Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone Number: \_\_\_ / \_\_\_ / \_\_\_ Cell Phone Number: \_\_\_ / \_\_\_ / \_\_\_ \*Sex: M \_\_\_ F \_\_\_

\*Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ \*Social Security Number: \_\_\_ / \_\_\_ / \_\_\_

\*Driver's License Number/State: \_\_\_\_\_ \*Race: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Department of Public Safety, Prisons to obtain a DCI Record Request.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DCI search completed by: \_\_\_\_\_  
(Name) (Title) (Date)

Final disposition: Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_ Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_