

Date of Training _____

REQUEST FOR A DCI CHECK
(All requested information must be printed or typed)

DCI check performed by: _____ Date: _____

Approved by: _____ Date: _____

I, _____, hereby give NCCIW, of the Division of Prisons, permission to conduct a Division of Criminal Information (DCI) check on myself for the below checked reason(s). I understand this information includes a criminal history check as well as a driver record inquiry. This information will be kept strictly confidential.

Purpose of request:

_____ Tours _____ Community Volunteer Program
_____ Religious _____ Other
_____ CRC

Name: _____

Current Mailing Address: _____

Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home): _____ Work: _____

Driver License Number: _____ State: _____

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: M or F

Inmate/Program for which services are requested: _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____