

NC Department of Public Safety, Prisons

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

*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information: David E. Turbeville Date:

Title: Clinical Chaplain II Facility: Foothills Correctional Institution

(Please check all that apply)

Community Volunteer: xxx Work Release: Home Leaves: Transportation: Visitation: Correctional Agent: Other:

(Please print)

*Name (Last) (First) (Middle Name/Initial)

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

Home Phone Number: Cell Phone Number:

*Date of Birth: *Social Security Number:

*Driver's License Number: State: *Race: *Sex: M F

I, (Signature) (Date) authorize the Department of Public Safety, Prisons to obtain a DCI Record Request

Staff Signature: Date:

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

Final disposition Approved: Disapproved:

Comments:

cc: File

Note: (It is not required to keep a copy of the report, unless you feel it is necessary. However, this form must be kept on file in a confidential locked location for verification of Approval/Disapproval.)