



**AUTHORIZATION AND RELEASE FORM  
For Criminal History Record Info (CHRI)**

**TO BE COMPLETED BY TEAMMATE OR APPLICANT:  
This form will not be accepted if altered, illegible or incomplete**

\_\_\_\_\_  
**Print Name (As shown on Drivers License)**

\_\_\_\_\_  
**Maiden Name. Other Married Names.**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Drivers License # & State**

\_\_\_\_\_  
**\*Date of Birth**

\_\_\_\_\_  
**\*Gender (M or F)**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Current address – street address and mailing address**

**\*This information will only be used to complete background check process and to avoid misidentification**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County of Residence**

**Addresses over the past seven years:**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Dates Lived Here**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Dates Lived Here**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Dates Lived Here**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Dates Lived Here**

I hereby authorize Carolinas HealthCare System Blue Ridge (CHSBR), and/or its authorized agents to make an independent investigation of my background, reference, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application for Employment and/or obtaining other information which is material to my qualifications for employment.

I understand that my application will not be considered complete until the conclusion of any required or necessary investigations, examinations or inquiries, including receipt by CHSBR of any related reports or results. I understand that CHSBR may act on these reports or results and hereby release CHSBR and all providers of this information from any liability in furnishing or using this information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment. I understand that I must notify Human Resources at CHSBR of any criminal misdemeanor or felony charges or convictions that may occur during my employment.

I have the right to request from the service provider, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request.

I further understand that a federal criminal background investigation requiring fingerprinting may be required if I have been a resident of North Carolina for less than five years. I agree to complete a fingerprint card for processing by the Federal Bureau of Investigation.

I acknowledge that I have been given my rights in accordance with the Fair Credit Reporting Act.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**