Agency Name: Lee County DSS
Facility ID # :

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check in connection with my fitness to be a foster parent licensed by the Department of Health and Human Services, (DHHS) Division of Social Services (DSS) pursuant to N.C.G.S. 114 - 19.4 and 131D - 10.3A.

LAST NAME	FIRST	MIDDLE	MAIDEN
SOCIAL SECURITY NUMBER	**DATE OF BIRTH**	**SEX**	**RACE**

I understand that the State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the DHHS, DSS and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the DHHS, DSS cannot release the results of this criminal history record check to me.

FOSTER PARENTS SIGNATURE	OR	OTHER ADULT MEMBER OF HOUSEHOLD
DATE		**DATE**