

# COMMUNITY, COUNSELING & CORRECTIONAL INC.

## START PROGRAM

### AUTHORIZATION TO CONDUCT AN N.C.I.C. RECORDS CHECK (NATIONAL CRIME INFORMATION CENTER)

I hereby authorize the Identification Bureau of the Department of Justice, State of Montana, to run an N.C.I.C. records check on my background and also authorize the release of the results of said records check to the staff of Community, Counseling & Correctional Services, Incorporated.

I further wish to freely waive my right to any federal or state statutes protecting privileged information and authorize disclosure of said information to CCCS, Inc.

I also understand that it is the policy of Community, Counseling, & Correctional Services, Inc. to run background checks on all prospective visitors/sponsors for any of the residents within those community-based correctional facilities operated by C.C.C.S., Inc. I also understand that the records check **must be completed** before any consideration will be given to my request to act in the capacity as an approved community visitor/sponsor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20

Applicant's complete & full legal name (**printed**) \_\_\_\_\_

Applicant's complete & full signature \_\_\_\_\_

Applicant's Social Security Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

CCCS, Inc. Staff Signature & Title \_\_\_\_\_