

Department of Health and Human Services

NC Child Support Services

IRS 1075 Background Investigation Certification

Agency/Unit	
Employee	
Certification	() Initial Investigation Date _____ () Ten Year Re-Investigation Date _____

Requirement	Date Initiated	Date Completed
Authorization for Criminal Record Check		
Fingerprint Submission Release of Information		
Applicant Information Form		
Applicant FD-258 card		
Form I-9 Employment Eligibility Verification		

_____ The individual named above can be authorized to access FTI.

_____ The individual named above cannot be authorized to access FTI.

AUTHORIZED STATE/COUNTY OFFICIAL: _____
(PLEASE PRINT)

SIGNATURE: _____

DATE: _____