



**M E M O R A N D U M**

**TO:** Tonya Jordan  
State Bureau of Investigation  
3320 Garner Road  
PO Box 29500  
Raleigh, NC 27626

**FROM:** \_\_\_\_\_  
Division/Facility/School Director

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

**SUBJECT:** Criminal Record Check Authority

The following employee(s) are authorized as requesting officials for Criminal History Record checks for \_\_\_\_\_, Department of Health and Human Services. This notice is given in accordance with the access agreement established by the DHHS and DCI in 1998.

- Name \_\_\_\_\_ Class/Title \_\_\_\_\_ Position # \_\_\_\_\_
- Name \_\_\_\_\_ Class/Title \_\_\_\_\_ Position # \_\_\_\_\_

cc: Rickye Collie

Note: Designated Police Department: the above is provided for your records.