

Criminal Background Check
Out of State Background Check Request

State Requesting Background Check: Tennessee

Date Requested: _____

Person Requesting Background Check: Basem Girgis Contact Number 615-253-4170

Individual

Director

State Agency

Applicant Name: _____
Last First Middle

Maiden or Alias'

DOB _____

Last 4 of SS# _____

Race _____

Gender _____

NC County/COUNTIES where applicant has lived: _____

State Agency Address to mail Results: Tennessee Department of Human Services
James K. Polk Building, Child Care Licensing
505 Deaderick Street, Nashville, TN 37243

SUBMIT COMPLETED FORM TO:

State of North Carolina
Department of Health and Human Services
Criminal Record Check Unit
2201 Mail Service Center
Raleigh, NC 27699-2200

Do NOT fill out this form for a North Carolina resident

INTERNAL STAFF ONLY (Date and Initial each check when completed)

RIL _____
Initial Date

CMR _____
Initial Date

SOR _____
Initial Date

AOC _____
Initial Date