

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS



Department of Corrections
Office of Internal Affairs

**BACKGROUND INVESTIGATION
AUTHORIZATION FORM**

Date: _____

I _____ give my permission to the District of Columbia, Department of Corrections, Office of Internal Affairs (DCDC/OIA) to complete an WALES, NCIC and III, Background check as a condition of my gaining entrance into the Central Detention Facility (D.C. Jail) or Grimke Facility.

I understand that information obtained by the Department of Corrections/Office of Internal Affairs in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving records, judgments, liens, arrests and convictions.

I authorize, without reservation, any party or agency contacted by the Department of Corrections, to furnish the above information.

Soc. Sec. No: _____ D.O.B.: _____ Sex: **M** / F

Race: African American

Name: Print _____ Signature _____