

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

Department of Corrections
Office of Investigative Services



**BACKGROUND INVESTIGATION
AUTHORIZATION FORM**

Date: _____

I _____ give my permission to the District of Columbia, Department of Corrections, Office of Investigative Services (DCDC/OIS) to complete a WALES, NCIC and III, Background check as a condition of my gaining entrance into a Department of Corrections Facility or Reeves Center.

I understand that information obtained by the Department of Corrections/Office of Investigative Services 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: _____

Print

Signature