

September 1, 2022

Metropolitan Police Department Criminal
History Section
300 Indiana Ave NW, Room 1075
Washington, DC 20001

RE: Criminal History Record Information on:
Full Legal Name:
OLN's Used:
DOB:
SSN:

For psychiatric residential treatment facility employment purposes, the above-named individual has authorized a search of the Washington DC Metropolitan Police Department, Criminal History Section, as indicated by their notarized statement and signature below.

I, _____, hereby authorize the Washington DC Metropolitan Police Department, Criminal History Section, to release my Washington DC criminal history information directly to ND DHHS, Criminal Background Check Unit.

Signed _____ Date _____

State of _____

County of _____

Signed and acknowledged before me this _____ day of _____, 20____.

Notary Public

CRIMINAL BACKGROUND CHECK UNIT