



NC Department of Adult Correction  
Rehabilitative Programs and Prison Services

DCI RECORD REQUEST

\*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information: \_\_\_\_\_

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle Name/Initial)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

DCI search completed by: \_\_\_\_\_

Date completed: \_\_\_\_\_

Final disposition/comment(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_