444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

FEDERAL BACKGROUND CHECK AUTHORIZATION

CONSENT FORM FOR REGISTRATION IN CCCC CLASSES OFFERED ABOARD MCB, CAMP LEJEUNE OR MCAS, NEW RIVER

The Marine Corps officials at Base at Camp Lejeune (MCB, Camp Lejeune) and the Marine Corps Air Station at New River (MCAS, New River) have increased security requirements for civilians and contractors wishing to conduct commercial, educational or related business activities aboard these Military installations. As a result, civilian students wishing to participate in curriculum extension courses or practicum experiences (at any of the Base sites) will need to participate in a Federal Background Check, to include criminal background and driving record, as part of their enrollment process. The background checks will be conducted at no cost for all prospective students and will only be effective for the specific term of enrollment aboard the base. Students who do not wish to participate are encouraged to check with the College for possible alternative course scheduling options.

NOTE: The decision regarding access is made by the certifying officials at the military installation, and is final. Upon notification that a student is denied access, s/he will be immediately dis-enrolled from any courses at the installation. S/he will be notified, and the College will work with the student to help him/her meet his/her enrollment goals, selecting from courses other than those offered aboard the installations.

REQUIRED ELEMENTS FOR BACKGROUND CHECK

Student's Full Name _____
(Please print) First Middle Last (Maiden Name, if applicable)

Date of Birth ___/___/___ **State/DL#:** ____ _____ **Soc. Sec. Number** ____-___-_____
Month / Day / Year

Complete/Current Address _____
(Road/Street Name & Number, Apartment #, etc.)

_____
City State Zip Code

By my signature, I am granting personal consent for the College to provide my personal information to the designated officials aboard the military installation for the expressed purpose of securing entry aboard the MCB, Camp Lejeune or the MCAS, New River for educational purposes.

SIGNATURE _____ **DATE** _____/_____/_____
(Signature Required to Process Report)

Phone Number: (_____)_____-_____Home (_____)_____-_____Cell

PLEASE RETURN FORM IN PERSON TO: TAMMY MORLEY, STUDENT SERVICES BUILDING OR FAX TO (910) 455-2767.

Revised: 7/20/16