



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services**

**Controlled Substances Reporting System  
Mail Service Center 3008  
Raleigh, NC 27699-3008  
Phone: (919) 733-1765  
Fax: (919) 508-0983**

**REQUEST FOR INDIVIDUAL'S OWN CONTROLLED SUBSTANCES REPORTING SYSTEM INFORMATION**

| Please Print or Type and Use Full Name, not Initials |   |
|--|---|
| Name (First, Middle, Last, Suffix (Jr., Sr., III))   | Date of Birth                                 |
| Street Address                                       | City, State, Zip Code                         |
| Area Code and Telephone Number                       | Specific time period to be covered in report: |
| Signature  | Date  |

Subscribed and sworn to me, a notary public in and for the State of North Carolina, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Pursuant to N.C.G.S. 90-113.75 a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed ten thousand dollars (\$10,000) per violation.

|   |
|---|
| <p>Mail the following items to the Controlled Substances Reporting System:</p> <ol style="list-style-type: none"> <li>1. Notarized Request for Information Form</li> <li>2. Copy of Current Driver's License</li> </ol> |
|---|

| FOR DEPARTMENT USE ONLY |   |           |                |
|-------------------------|---|-----------|----------------|
| Date received           | <input type="checkbox"/> Approved<br><input type="checkbox"/> Disapproved | Signature | Date of Action |