

STATE OF NORTH CAROLINA _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT
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<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

SWORN AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		SEAL
<i>Date Commission Expires</i>		

Nash County Sheriff's Office
The Do's & Don'ts of Carrying a Concealed Weapon

1. Your permit to carry a concealed handgun must be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any Law Enforcement Officer, you MUST disclose the fact that you have a valid concealed handgun permit and inform the Officer that you are in possession of a concealed handgun. You should NOT draw or display either your weapon or your permit to the Officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are NOT to make any sudden movements.
3. At the request of any Law Enforcement Officer, you must display both the permit and valid identification.
4. You may not, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any controlled substance are in your blood unless the controlled substances were obtained legally and taken in therapeutically appropriate amounts.
5. You must notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you must notify the Sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do not carry a concealed handgun without it.
7. Even with a permit, you may not carry a concealed handgun in the following areas:
 - Any law enforcement or correctional facility;
 - Any space occupied by State or Federal employees;
 - A financial institution;
 - Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
 - Educational property; however, a permittee may secure a handgun in a locked vehicle while on the premises;
 - Areas of assemblies or demonstrations;
 - State occupied property;
 - Any area prohibited by Federal Law;
 - Any local government building, if the local government has adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by Law Enforcement, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and you are in possession of a permit. Do not remove your hands from the steering wheel until instructed to do so by the Officer.

I, _____, have read and understand the Do's and Don'ts of Carrying a Concealed Weapon, and the Disqualifying Criminal Offenses pursuant to NC General Statute 14-415.12(b)(8).

Signature: _____ Date: _____
Witness: _____ Date: _____