



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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GREGORY S. MCLEOD
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my fitness to be a child care provider/employee, or other household member of a child care program regulated by the Department of Health and Human Services, Division of Child Development and Early Education pursuant to N.C.G.S. §§NCGS 114-19.5, 110-90.1 to 110-91.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's Name _____ DOB _____
(Please print name clearly – as it appears on your photo Identification Card you will present to Agent)

Date _____ Applicant's Signature _____

Parent/Legal Guardian's Signature if applicant is under age 18 _____

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Date _____ Agency Authorized Official's Signature (or Applicant) _____

Printed Name _____

Address _____

Phone Number _____

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the SBI/Criminal Information and Identification Section.

Date _____ Signature of Official Taking Fingerprints _____

Agency Seal/Certification _____

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

THE NAME ON YOUR FINGERPRINT CARD MUST MATCH WITH THE OTHER ITEMS SUBMITTED TO THE DIVISION.



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988

