



NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE



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 ATTORNEY GENERAL

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ROBIN P. PENDERGRAFT
 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 either a national criminal history record check or a NC state only 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 pursuant to 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 _____

Date _____ Applicant's Signature _____

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

Date _____ Agency Authorized Official's Signature _____

Printed Name _____

Address _____

Phone Number _____

I certify that I have taken the fingerprints of the above named subject and have 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.



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