



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO BOX 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



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 clearly)

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 and Early Education with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



APPLICANT INFORMATION

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Employer and Address:

DOCD
319 Chapanoke Rd. Ste 120
Raleigh, NC, 27699

Sex: Male _____ Female _____

Race: _____

(Write the appropriate letter in the space provided)

W - White B - Black I - American Indian

A - Asian or Pacific Islander U - Unknown

Reason Fingerprinted:

State and Federal Check
NC Day Care Provider
NCGS 114-9.5, 110-90.1 to 110.91

Height: _____

Social Security Number: _____

(*Optional)

Weight: _____

Eye Color: _____

(Write the appropriate letters in the space provided)

BLK - Black GRY - Gray MAR - Maroon

BLU - Blue BRO - Brown GRN - Green

HAZ - Hazel PNK - Pink XXX - Unknown

Your Case NO. (OCA): DOCD000000

Type of Transaction: Non-Federal User Fee

NCFP Card Type: Child Care Provider

Hair Color: _____

(Write the appropriate letters in the space provided)

BAL - Bald BLK - Black BLN - Blond or strawberry

BRO - Brown GRY - Gray or partially

RED - Red or Auburn SDY - Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

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