

## 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

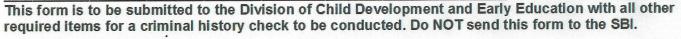


## ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

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	<i>(</i> )
Date	Applicant's Signature
Parent/Legal Gua	rdian's Signature if applicant is under age 18
I authorize the abo electronically.	ove named subject to be fingerprinted and have the fingerprints submitted to the SBI
Date	Agency Authorized Official's Signature (or Applicant)
	Printed Name
	Address
	Phone Number
	taken the fingerprints of the above named subject and forwarded them electronically to the mation and Identification Section
Date	Signature of Official Taking Fingerprints
	Agency Seal/Certification







## 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
•	Rucign, IVC, 27077
Sex: MaleFemale  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)	Your Case NO. (OCA): DOCD000000
BLK = Black GRY - Gray MAR - Maroon  BLU - Blue BRO - Brown GRN - Green	Type of Transaction: Non-Federal User Fee
HAZ = Hazel PNK = Pink XXX - Unknown	NCFP Card Type: Child Care Provider
Hair Color:(Write the appropriate letters in the space provided)	
BAL =Bald BLK =Black BLN =Blond or strawb	perry
BRO =Brown GRY =Gray or partially	
RED =Red or Auburn SDY=Sandy	

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.

<sup>\*</sup>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.