

**ELECTRONIC FINGERPRINT  
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, to perform a national criminal history record check in connection with my application for license with the Department of Health and Human Services pursuant to N.C.G.S. §§.114-19.7 and 48-3-309 (**Adoption**).

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.

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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

\_\_\_\_\_  
Agency Authorized Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official's Printed Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency OCA#

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date

Agency Seal/Certification \_\_\_\_\_

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Employer and Address:  
DHHS Childrens Services

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Reason Fingerprinted:  
**Adoptive Parent, State and Federal search**

Race: \_\_\_\_\_

(write the appropriate letter in the space provided)

W – White, B – Black, I – American Indian,  
A – Asian or Pacific Islander, U – Unknown

Social Security Number: \_\_\_\_\_  
(\*Optional)

Your Case No. (OCA): **DHHSAP000**

Height: \_\_\_\_\_

Type of Transaction:     NFUF    

Weight: \_\_\_\_\_

NC FP Card Type:     ADP    

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

Hair Color: \_\_\_\_\_

(write the appropriate letters in the space provided)

BAL – Bald    BLK – Black    BLN – Blonde 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.