

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. §§.114-19.4 and 131D-10.3A (**Foster Care**).

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

This completed form is to be mailed to Agency listed above
Do NOT send this form to the SBI.

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:
Foster 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): **DSSFOSP01**

Height: _____

Type of Transaction: NFUF

Weight: _____

NC FP Card Type: FOS

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.