



**PAT MCCRORY
GOVERNOR**

**NORTH CAROLINA
STATE BUREAU OF INVESTIGATION**

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



**B.W. COLLIER
DIRECTOR**

FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the submission or transmission of my fingerprints to the State Bureau of Investigation (SBI). 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 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.

Applicant's Name: _____ DOB: _____
(Please print name clearly – as it appears on your photo Identification Card you will present to Agent)

Date: _____ Applicant's Signature: _____

Parent/Legal Guardian's Signature *(if applicant is under age 18)* _____

Please check appropriate box for type of submission:

ELECTRONIC SUBMISSION

The Division of Child Development & Early Education (DCDEE) authorizes the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Law Enforcement Agent

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: _____

MANUAL submission *(Prints Were Not Transmitted Electronically)*

Card must be mailed to DCDEE by applicant

The completed fingerprint card is attached. _____ (initials of Law Enforcement Agent)

This completed form is to be mailed **with other CRC items to:**
DCDEE CRC, 2201 Mail Service Center, Raleigh, NC 27699.

*Include manual card if received from LEA. Do **NOT** send this form to the SBI.

THE NAME ON YOUR FINGERPRINT CARD MUST MATCH WITH THE OTHER ITEMS SUBMITTED TO THE DIVISION.