

**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.

DOB: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

(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 CBC items to:  
**DCDEE CBC, 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.**

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.

## APPLICANT INFORMATION for CHILD CARE

Please print name as shown on photo Identification Card you will take to Law Enforcement Agency.

Name: Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

Employer and Address:

DOCD

2201 Mail Service Center

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: \_\_\_\_\_

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

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This form is to be taken to the Law Enforcement Agency when you visit to be fingerprinted.  
Do NOT send this form to the SBI.

YOUR NAME MUST MATCH ON ALL FORMS