

**THIS DOCUMENT IS A SAMPLE ONLY. PLEASE DO NOT FILL AND SUBMIT THIS FORM.**  
**ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION**

**Applicant Section**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, Criminal Information and Identification Section to perform a fingerprint search of the State's criminal history records and, if applicable, a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history records check in connection with my application for employment or application for license with DHHS DIVISION OF MEDICAL ASSISTANCE pursuant to 42 CFR 455.434.

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

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Applicant/Licensee's Signature

Date

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Parent/Guardian's Signature (required if Applicant/Licensee under age 18 and not emancipated)

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.

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**Agency Section**

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

Sheila B. Platts  
801 Ruggles Drive  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
919-855-4023

**Law Enforcement Agency Section**

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

information to the agency named below, 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 further understand that the agency cannot provide a copy of the results of this criminal history records check to me.

Signature of Official Taking Fingerprints

Date

Agency Seal/Certification (If no official seal, please print your agency address)

### APPLICANT INFORMATION

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

**Last Name:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**First Name:** XXXXXXXXXXXXXXXXXXXXXXXX

**Middle Name:** XXXXXXXXXXXXXXXXXXXXXXXX

**Sex:** \_\_\_\_\_ (MALE/FEMALE)

**\*Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/YYYY

**Place of Birth** \_\_\_\_\_

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

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

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

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

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

(write the appropriate letter in the space provided)

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

**Eye Color:** \_\_\_\_\_

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

(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

\*The social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

**Employer and Address:**

DHHS-DIVISION OF MEDICAL ASSISTANCE  
801 RUGGLES DR  
RALEIGH, NC, 27699

**Reason Fingerprinted:**

DHHS DIVISION OF MEDICAL ASSISTANCE - STATE AND FEDERAL - 42 CFR 455.434

Type of Transaction: NFUF

NC FP Card Type: OTH