



# EMPLOYMENT FINGERPRINT RELEASE FORM

OCA #JUDAOC000 | REASON CODE #83 (NCGS §143B-950)

## Section 1: Employee Information and Consent

I authorize the North Carolina Judicial Branch, through the State Bureau of Investigation, Criminal Information and Identification Section, and the Federal Bureau of Investigation to perform a state and national criminal record check in connection with my application for employment or current employment or service as a contractor with the Judicial Branch pursuant to NCGS §143B-950.

I understand the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and 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 Judicial Branch, and I hereby release the Judicial Branch and its authorized representatives from any and all liability that may be incurred as a result of furnishing such information. I understand the Judicial Branch cannot provide a hard copy of the results of this criminal record check to me.

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of the fingerprint process, I sent a completed, signed copy of this form by fax or mail to NCAOC HR, Attn: Charmaine Leeks. Fax: (919) 890-1905 | Mail: PO Box 2448, Raleigh, NC 27602.

## Section 2: Hiring Manager Authorization

I authorize the above-named subject to be fingerprinted and to have the fingerprints submitted to the NC State Bureau of Investigation.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 3: Fingerprint Operator Certification

I certify I verified the identification of the above-named subject against a government-issued photo ID and I have taken the fingerprints of the above-named subject and forwarded them to the State Bureau of Investigation, Criminal Information and Identification Section. I returned the original of this form to the above-named subject as confirmation of completing the fingerprint process.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

