

Electronic Fingerprint Release Form

Section 1: Applicant Information and Consent

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

Print Name: _____ Position: _____
Signature: _____ Date: _____

I am a (check one): Applicant for Employment Current Employee Contractor

Section 2: Hiring Manager Authorization

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

Print Name: _____ Title: _____
Signature: _____ Date: _____
Office Address: _____ Phone: _____

Section 3: LiveScan Operator Certification

I certify I have taken the fingerprints of the above-named subject and electronically forwarded them to the State Bureau of Investigation, Criminal Information and Identification Section.

1. I verified the identification of the above-named subject against a government-issued photo ID.
2. I sent a completed, signed copy of this form by fax or mail to NCAOC HR, Attn: Russ Eubanks. Fax: (919) 890-1905. Mail: PO Box 2448, Raleigh, NC 27602.
3. I returned the original of this form to the above-named subject as confirmation of completing the fingerprint process.

Print Name: _____ Title: _____
Signature: _____ Date: _____