

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION


I authorize the North Carolina State Bureau of Investigation, to perform a national criminal history record check in connection with my application for employment with the agency listed below.

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/Licensee's Signature

Date

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



Agency Authorized Official's Signature

8/9/17

Date

John G. Cable

Authorized Official's Printed Name

North Carolina Department of Insurance

Agency Name

BAILB0001

Agency OCA#

1204 Mail Service Center, Raleigh, NC 27699

Agency Address

919-807-6850

Agency Phone Number

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

Signature of Official Taking Fingerprints

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.