



NORTH CAROLINA

STATE BUREAU OF INVESTIGATION



ROY COOPER  
GOVERNOR

3320 GARNER ROAD  
P.O. BOX 29500  
RALEIGH, NC 27626-0500  
(919) 662-4500  
FAX: (919) 662-4523

BOB SCHURMEIER  
DIRECTOR

**ELECTRONIC FINGERPRINT  
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with **North Carolina Board of Chiropractic Examiners** pursuant to N.C.G.S. §§ 114-19.22

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. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

***(Applicant Section)***

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

***(Agency Section)***

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

\_\_\_\_\_  
Agency Authorized Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official's Printed Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone Number

***(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.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date

Agency Seal/Certification \_\_\_\_\_

*If no official seal, please print your agency address*

APPLICANT INFORMATION

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Middle Name: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Employer and Address:

NC Board of Chiropractic Examiners  
6070 Six Forks Rd., Ste. L  
Raleigh, NC 27609

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Reason Fingerprinted:

Chiropractic License  
NCGS 114-19.22 State and Federal

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

(write the appropriate letter in the space provided)

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

Social Security Number: \_\_\_\_\_  
(\*optional)

Your Case No. (OCA): CHIROP000

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

Type of Transaction: NFUF  
Non fed-User Fee

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

NC FP Card Type: OTH

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

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

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.