

## ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the State Bureau of Investigation (SBI), to perform a national criminal history record check in connection with my application with the agency listed below.

I understand that the State Bureau of Investigation, 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 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.

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

4/20/18  
\_\_\_\_\_  
Date

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

NC Board of Massage and Bodywork Therapy  
\_\_\_\_\_  
Agency Name

BDMBT0000  
\_\_\_\_\_  
Agency OCA#

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

\_\_\_\_\_  
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.

This completed form is to be mailed to Agency listed above  
Do NOT send this form to the SBI.

**APPLICANT INFORMATION**

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

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

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

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

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

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

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

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

**Employer and Address:**

Board of Massage and Bodywork Therapy  
PO Box 2539  
RALEIGH, NC 27602

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

**Reason Fingerprinted:**

NC Board of Massage and Bodywork  
Therapy  
NCGS 90-629.1 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): **BDMBT0000**

**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.