

## NORTH CAROLINA STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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



## ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice 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 the **North Carolina Board of Dental Examiners** pursuant to NCGS 90-30.

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/Licensee's Signature	Date
I authorize the above named subject to be fing to the SBI electronically.	gerprinted and have the fingerprints submitted
Casi Storde	
Agency Authorized Official's Signature	Date
Casie Goode	
Authorized Official's Printed Name	
NC State Board of Dental Examiners	
2000 Perimeter Park Drive, Suite 160	
Morrisville, North Carolina 27560	(919) 678-8223
Agency Address	Agency Phone Number



