NORTH CAROLINA MEDICAL BOARD

Authority for Release of Information and Electronic Fingerprint Submission Form

This completed form should be emailed to: license@ncmedboard.org

DO NOT send this form to the SBI

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.

Please print or type the following information:

Name: _____
Last First Middle Maiden

Date of Birth: _____ Sex: _____

Race: _____

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.

Becky Powers _____ June 5, 2025
Agency Authorized Official's Signature Date

Becky Powers 800-253-9653
Authorized Official's Printed Name Agency Phone Number

NC Medical Board / BOME 00000 PO Box 20007, Raleigh, NC 27619
Agency Name / OCA# Agency Address

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.