

Request for a Background Check via Electronic Fingerprinting

BCI FBI BCI & FBI

Personal Information (please print) Type of Photo ID & ID # _____
Name _____ DOB _____
Address _____ SSN _____
City/State/Zip _____
Email _____ Phone # _____

Complete this portion only if an FBI background check is needed:

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____

Reason for background check: _____

Address for results to be mailed to: _____

Direct Copy to (circle only one):

| | |
|------------------------------|-----------------------------|
| Ohio Dept. of Education | Ohio Board of Nursing |
| Ohio Dept. of Public Safety | Respiratory Care Board |
| BMV Dealer License | Child Care Ctr-Type A-ODJFS |
| Ohio State Racing Commission | Lottery Commission |
| Dietetic Board | Ohio Construction Board |
| Ohio Pharmacy Board | NONE |
| Ohio Dept. of Liquor Control | |
| BMV Deputy Registrar | |
| Ohio Dept. of Insurance | |
| OPOTA | |
| Social Work Board | |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature (date)

Witness Signature

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants Only)

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.