

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Email Address _____

City _____

Phone # _____

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

Sex [] Race [] Height [] Weight [] Eyes [] Hair []

Reason for background check: _____

Direct Copy to (circle only one):

Address for results to be mailed to:

Ohio Department of Education

BMV Dealer Licensing

Ohio Board of Nursing

BMV Deputy Registrar

Ohio Department of Public Safety

Child Care Ctr - Type A - ODJFS

Ohio Department of Liquor Control

Dietetic Board

Ohio State Racing Commission

Lottery Commission

Ohio Department of Insurance

Respiratory Care Board

OPOTA

NONE

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I 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.