

# 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 # \_\_\_\_\_

<b>Complete this portion only if an FBI background check is needed:</b>											
Sex		Race		Height		Weight		Eyes		Hair	

**Reason for background check:** \_\_\_\_\_

**Direct Copy to (circle only one):**

**Address for results to be mailed to:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number \_\_\_\_\_

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| 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.**