

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 _____

Phone # _____

City _____

Email Address _____

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

Sex Race Height Weight Hair Eyes

Reason for background check: (BE SPECIFIC)

Address for results to be mailed to:

Direct Copy Options (Select only one)

- | | | |
|------------------------------------|--|--|
| Ohio Dept of Education | Ohio Board of Nursing | Ohio Medical Board |
| Ohio Dept of Public Safety | Ohio Department of Liquor Control | Ohio Veterinary Medical Licensing Board |
| BMV Dealer Licensing | BMV Deputy Registrar | Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| Ohio State Racing Commission | Ohio Department of Insurance | Commerce, Medical Marijuana Control |
| State Vision Professionals Board | OPOTA | |
| Social Worker Board | State Speech and Hearing Professionals Board | |
| Child Care Center - Type A - ODJFS | Lottery Commission | |
| Ohio Construction Board | Ohio Board of Pharmacy | 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.