

REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

BCI
\$25.00

FBI
\$30.00

BCI and FBI
\$55.00

Personal Information (Please print)

Name: _____	Type of Photo ID and ID# _____
Date of Birth _____ SSN _____	State: _____
Address: _____	Zip/Postal code: _____
City: _____	Phone # _____
	Email address: _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

Reason for background check: _____

Address for results to be mailed to: _____

Direct Copy to: (check only one)

Ohio Department of Education _____

Ohio Board of Nursing _____

Ohio Department of Public Safety _____

Ohio State Racing Commission _____

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 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.