

# Request for a Background Check Via Electronic Fingerprinting

Circle One: **BCI** **FBI** **BCI and FBI**

**Personal Information (Please print):**

Name: \_\_\_\_\_ Type of Photo ID and ID# \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

<b>Complete this portion only if an FBI Background Check is needed</b>											
Race	<input type="text"/>	Eye	<input type="text"/>	Sex	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Hair	<input type="text"/>

<b>Reason for Background Check:</b>	<b>Address for results to be mailed to:</b>
BCI Code: _____	Recipient Name: _____
FBI Code: _____	Recipient Street Address: _____
Other: _____	City/State/Zip: _____
_____	Phone #: ( _____ ) _____

**Direct Copy Options (Select Only One)**

- |                                  |  |   |
|----------------------------------|--|---|
| Ohio Dept of Education           | Ohio Board of Nursing                      | Ohio Medical Board                        |
| Ohio Dept of Pubic Safety        | Ohio Department of Liquor Control          | Ohio Veterinary Medical Licensing Board   |
| BMV Dealer Licensing             | BMV Deputy Registrar                       | Ohio OT/PT/AT Board                       |
| Ohio State Racing Commission     | Ohio Dept of Insurance                     | Ohio Div. of Real Estate & Prof Licensing |
| State Vision Professionals Board | OPOTA                                      | Ohio Department of Agriculture - Hemp     |
| Social Worker Board              | State Speech & Hearing Professionals Board | Ohio Board of Pharmacy                    |
| Child Care Center-Type A - ODJFS | Lottery Commission                         | Ohio Department of Commerce - MMCP        |
| 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 to \_\_\_\_\_. I voluntarily and knowingly release and discharge the Ohio Attorney General's Offie, 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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian (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.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights Letter \_\_\_\_\_**