**Request for a Background Check via Electronic Fingerprinting**

○ **BCI** ○ **FBI** ○ **BCI & FBI**

Personal Information (please print) Type of Photo ID & ID # _____

Name_____ DOB_____

Address_____ SSN_____

City/State/Zip_____

Email_____ Phone #_____

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

Sex_____ Race_____ Height_____ Weight_____ Eyes_____ Hair_____

Reason for background check:_____

Address for results to be mailed to: _____

| **Direct Copy to (circle only one):** | Ohio Dept. of Education | Ohio Board of Nursing |
|---|---|---|
| Ohio Dept. of Public Safety | Ohio Dept. of Liquor Control | Respiratory Care Board |
| BMV Dealer License | BMV Deputy Registrar | Child Care Ctr-Type A-ODJFS |
| Ohio State Racing Commission | Ohio Dept. of Insurance | Lottery Commission |
| Dietetic Board | OPOTA | Ohio Construction Board |
| Ohio Pharmacy Board | Social Work Board | NONE |

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