

WebCheck # _____

Log# _____

Request for a Background Check via Electronic Fingerprinting

◇ BCI

◇ FBI

◇ BCI and FBI

Personal Information (Please print):

Name: _____

Type of Photo ID and ID# _____

Date of Birth: _____ SSN: _____

Phone #: _____

Address: _____

Email Address: _____

City/State/Zip Code _____

Complete this portion only if an FBI Background Check is needed:					
Sex <input type="checkbox"/>	Race <input type="checkbox"/>	Height <input type="checkbox"/>	Weight <input type="checkbox"/>	Hair <input type="checkbox"/>	Eyes <input type="checkbox"/>

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

Ohio OT/PT/AT Board

Ohio State Racing Commission

Ohio Department of Insurance

Ohio Division 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 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 _____ Date _____

Parent/Guardian Name (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. I was offered a copy but declined _____