



Request for a Background Check via Electronic Fingerprinting

- BCI
- FBI
- BCI and FBI

Personal Information (please print)

Name _____
 Date of Birth _____ SS# _____
 Address _____
 City _____

Type of Photo ID and ID # _____
 State/Province _____
 Zip/Postal Code _____
 Phone # _____
 Email Address _____

Reason for background check: _____

Address for results to be mailed to:

Direct Copy to (circle only one):

- Ohio Department of Education
- Ohio Board of Nursing
- Ohio Department of Public Safety
- Ohio Department of Liquor Control
- 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 (BCI&I) 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 as indicated on this form. I voluntarily and knowingly release and discharge the Mahoning County Career and Technical Center, 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.