



Request for a Background Check via Electronic Fingerprinting

- BCI (\$37)
- FBI (\$37)
- BCI and FBI (\$70)

Personal Information (please print)

Name: _____

Phone No.: _____

Date of Birth: _____ SS#: _____

Email Address: _____

Address: _____

State: _____

City: _____

Zip Code: _____

Reason for background check: _____

Reason Codes: Required

BCI Reason Code: _____

FBI Reason Code: _____

*** Reason codes are your responsibility ***

Address for results to be mailed to: **Required**

Phone Number: _____

Direct Copy to (circle only one):

NONE (MUST Circle if None Below Apply)

Ohio Department of Education

Ohio Dept. of Agriculture-Hemp

Ohio Board of Nursing

Ohio Department of Public Safety/PISG

Ohio Department of Liquor Control

Ohio Racing Commission

Ohio Dept of Insurance

BMV Deputy Registrar

BMV Dealer Licensing

Lottery Commission

Child Care CTR/Type A-ODJFS

Pharmacy Board

Construction Board

Social Work Board

State Medical Board

OT, PT, & Athletic Trainers Board

State Speech and Hearing Professionals Board

State Vision Professionals Board

Ohio Veterinary Medical Licensing Board

Ohio Division of Real Estate & Professional Licensing

Commerce-Medical Marijuana Control Program

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.