



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**

Direct Copy to (circle only one):

BCI Reason Code: _____

NONE (MUST Circle if None Below Apply)

FBI Reason Code: _____

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

Reason codes are your responsibility

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

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 _____

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 (Minor Applicants only) _____