LOG #

REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

☐BCI ☐FBI ☐BCI & FBI

PERSONAL INFORMATION

Type of Photo ID and ID#

Name: Phone Number:

Address: Email Address:

City: State: Zip/Postal Code:

SSN: Date of Birth (Month-Day-Year):

Sex: Race: Height: Weight: Eyes: Hair:

Reason for Background Check:

BCI ORC Code: Description:

FBI ORC Code: Description:

Address for results to be mailed to:

Name: Phone Number:

Address: Email Address:

City: State: Zip/Postal Code:

Direct copy sent to: Choose One

I certify that the personal identifiers provided on this form are accurate, and I voluntarily and knowingly authorized the Ohio Bureau of Criminal Identification & Investigation (BCI) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorized BCI to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the above mentioned parties. I voluntarily release and discharge the Ohio Attorney General's Office, BCI, and their employees from all claims and liability related to this authorized criminal record review and dissemination. I have been advised of the process to challenge the accuracy of the information found in my report.

Applicant's Name (please print): _____

Applicant's Signature: _____

Parent / Guardian Name (please print): _____

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 applicant.