

Web check # _____ Log # _____

Request for a Background Check via Electronic Fingerprinting

Type of Check: BCI _____ FBI _____ BCI and FBI _____

Personal Information (please print)

Type of Photo ID and ID # _____

Name: _____ Phone #: _____

Date of Birth: _____ SSN # _____

Address: _____ Cell #: _____

City: _____ State: _____ E-Mail Address: _____

Zip Code: _____ Reason for background Check: _____

Address for results to be mailed to:

Direct copy sent 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 to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal attest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and the Muskingum University and their employees from all claims and liability related to this authorized criminal record review and dissemination. If a Muskingum University Student, I authorize you to bill my student account for all related fees to this record check.

Applicant's Name (Please Print) _____ Witness: _____

Applicant's Signature _____ Date _____ Witness Signature: _____

Parent/Guardian Name _____ (Minor applicants only)

Parent/Guardian Signature _____

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.