

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Name _____

Date of Birth _____ SSN _____

Address _____

City _____

Type of Photo ID and ID # _____

State/Province _____

Zip/Postal Code _____

Email Address _____

Phone # _____

Complete this portion only if an FBI background check is needed:

Sex	[]	Race	[]	Height	[]	Weight	[]	Eyes	[]	Hair	[]
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Reason for background check: 3319.291

Direct Copy to (circle only one):

STATE BOARD OF EDUCATION
 Ohio Department of Education

BMV Dealer Licensing

Address for results to be mailed to:

Muskingum University

Department of Education Studies

ATTN: Tanya Biggins

260 Stadium Dr.

New Concord, OH 43762

Ohio Board of Nursing

BMV Deputy Registrar

Ohio Department of Public Safety

Child Care Ctr – Type A – ODJFS

Ohio Department of Liquor Control

Dietetic Board

Ohio State Racing Commission

Lottery Commission

Ohio Department of Insurance

Respiratory Care Board

OPOTA

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 arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the 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.