

Webcheck #

Log #

## **Request for a Background Check via Electronic Fingerprinting**

BCI  FBI  BCI and FBI

### **Personal Information**

Type of Photo ID and ID#

Name  Phone Number

Address  Email Address

City  State/Province  Zip/Postal Code

SSN  Date of Birth (Month-Day-Year)

Sex  Race  Height  Weight  Eyes  Hair

### **Reason for background check:**

Address for results to be mailed to:

Name

Address

Address 2

City  State  Zip Code

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 to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorized 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.

Applicants Name (please print) \_\_\_\_\_ Witness Name (please print) \_\_\_\_\_

Applicants Signature \_\_\_\_\_ (date) \_\_\_\_\_ Witness 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 the applicant.**