



### REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

BCI       FBI       BCI and FBI

**Bill**    **Paid in Full**

#### Personal Information (please print)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Social Security # \_\_\_\_\_

Reason for background check (*be specific*):

\_\_\_\_\_  
\_\_\_\_\_

Address for results to be mailed to:

\_\_\_\_\_  
\_\_\_\_\_

Bill to: \_\_\_\_\_

#### Direct Copy Options\* (check only one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> BMV Dealer Licensing           | <input type="checkbox"/> Occupational Therapy, Physical Therapy and Athletic Trainers Board | <input type="checkbox"/> Ohio Medical Board                           |
| <input type="checkbox"/> BMV Deputy Registrar           | <input type="checkbox"/> Ohio Board of Nursing  | <input type="checkbox"/> Ohio Dept. of Public Safety/PISG             |
| <input type="checkbox"/> Child Care Center-Type A-ODJFS | <input type="checkbox"/> Ohio Board of Pharmacy   | <input type="checkbox"/> Ohio Racing Commission                       |
| <input type="checkbox"/> Construction Board             | <input type="checkbox"/> Ohio Dept. of Education  | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board      |
| <input type="checkbox"/> Lottery Commission             | <input type="checkbox"/> Ohio Dept. of Insurance  | <input type="checkbox"/> Social Worker Board                          |
| <input type="checkbox"/> OPOTA                          | <input type="checkbox"/> Ohio Dept. of Liquor Control                                       | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> None                           |   | <input type="checkbox"/> State Vision Professionals Board             |

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 to the agency checked above\*.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and the Ashland County Sheriff's Office and their employees from all claims and liability related to this authorized criminal record review and dissemination

\_\_\_\_\_  
Applicant's name (print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

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.

*To be completed by the Ashland County Sheriff's Office:*  
*Date background check completed:* \_\_\_\_\_ *by* \_\_\_\_\_