

Educational Service Center of Lake Erie West

Request for a Background Check via Electronic Fingerprinting

BCI FBI BCI and FBI Type of Photo ID and ID# _____

Personal Information (please print)

Name _____ Date of Birth _____

Address _____ Social Security Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Reason for background check _____

Address for results to be mailed to:

Direct copy to (*check 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
- Other _____

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.

For office use only:

Amount received: \$ _____ Check # _____ Cash Purchase Order # _____ Date given to Finance Office _____