Educational Service Center of Lake Erie West Request for a Background Check via Electronic Fingerprinting

Personal Information (please print)	
Name	Date of Birth
Address	
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
the Ohio Bureau of Criminal Identification & Invest information relating to me. I also voluntarily and kn conviction, and juvenile delinquency adjudication re I voluntarily and knowingly release and discharge the employees from all claims and liability related to the Applicant's Name (please print)	nowingly authorize BCI&I to disseminate criminal arrest, ecords to the Ohio Attorney General's Office, BCI&I, and their is authorized criminal record review and dissemination. 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 the errors on this form are the responsibility of the appli	at all information on this form is accurate. Any mistakes or icant.
For	office use only:
Amount received: \$	Purchase Order # Date given to Finance Office