

Request for Background Check via Electronic Fingerprinting

\_\_\_\_\_ BCI (BCIO)

\_\_\_\_\_ FBI (FBIO)

\_\_\_\_\_ BCI & FBI (BFBI)

**Personal Information (please print)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

**Reason for Background Check:**

\_\_\_\_\_

**Address for results to be mailed to:**

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

**Direct Copy to (circle only one)**

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

Ohio Department of Insurance

None

**Signature:** \_\_\_\_\_

**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:**

**Paid:** \_\_\_\_\_ Check \_\_\_\_\_ Cash

**Paid By (if different):** \_\_\_\_\_

**Unit #** \_\_\_\_\_