



REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

UNION COUNTY SHERIFF'S OFFICE – 221 WEST 5TH STREET, MARYSVILLE, OHIO 43040

BCI&I

FBI

BCI&I & FBI

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

CITY: _____

SSN: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

COMPLETE THIS SECTION ONLY IF A FBI BACKGROUND CHECK IS NEEDED:

GENDER: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

REASON FOR BACKGROUND CHECK:

(SEE ATTACHED LISTS OF BCI & FBI REASON FINGERPRINT CODES)

BCI REASON CODE: _____

FBI REASON CODE: _____

ADDRESS FOR RESULTS TO BE MAILED TO:

RECIPIENT NAME: _____

ATTN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RECIPIENT PHONE #: _____

DIRECT COPY OPTIONS (CIRCLE ONLY ONE, IF APPLICABLE):

OHIO DEPT OF EDUCATION & WORKFORCE*

OCCUPATIONAL THERAPY, PHYSICAL THERAPY

OHIO CONSTRUCTION INDUSTRY BOARD*

OHIO BOARD OF NURSING*

& ATHLETIC TRAINERS BOARD*

OHIO MEDICAL BOARD*

CHILD CARE CENTER – TYPE A – ODJFS*

OHIO DEPT OF LIQUOR CONTROL

OHIO VETERINARY MEDICAL LICENSING

STATE VISION PROFESSIONALS BOARD*

OHIO DEPT OF INSURANCE

BOARD*

STATE SPEECH AND HEARING PROFESSIONALS

OHIO LOTTERY COMMISSION

OHIO DIVISION OF REAL ESTATE &

BOARD*

OHIO RACING COMMISSION

PROFESSIONAL LICENSING*

SOCIAL WORK BOARD*

OPOTA

OHIO DEPT OF AGRICULTURE – HEMP*

OHIO BOARD OF PHARMACY*

BMV DEALER LICENSING

OHIO DEPT OF COMMERCE – MEDICAL

OHIO DEPT OF PUBLIC SAFETY/PISG UNIT

BMV DEPUTY REGISTRAR

MARIJUANA CONTROL PROGRAM

*These agencies allow secondary copies of results to be sent via a Mail-To Address.

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 record check for the information related to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the agency I have designated to receive this information. 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.

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.

APPLICANT'S SIGNATURE AND DATE

PARENT/GUARDIAN SIGNATURE AND DATE (MINOR APPLICANTS ONLY)

BILLING INFORMATION (IF APPLICABLE)*

*AGENCY MUST HAVE AN ACTIVE ACCOUNT WITH UCSO

NAME OF AGENCY REQUESTING CHECK

SIGNATURE OF REPRESENTATIVE AT AGENCY

