



# REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

UNION COUNTY SHERIFF'S OFFICE – 221 WEST 5<sup>TH</sup> 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:**

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

**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):**

BMV DEALER LICENSING  
BMV DEPUTY REGISTRAR  
CHILD CARE CENTER – TYPE A – ODJFS  
OHIO CONSTRUCTION BOARD  
LOTTERY COMMISSION  
OPOTA  
OCCUPATIONAL THERAPY, PHYSICAL  
THERAPY, & ATHLETIC TRAINERS BOARD

OHIO BOARD OF NURSING  
OHIO BOARD OF PHARMACY  
OHIO DEPT OF EDUCATION  
OHIO DEPT OF LIQUOR CONTROL  
OHIO DEPT OF PUBLIC SAFETY  
OHIO DEPT OF INSURANCE  
OHIO MEDICAL BOARD

OHIO RACING COMMISSION  
OHIO VETERINARY MEDICAL LICENSING  
BOARD  
SOCIAL WORKER BOARD  
STATE SPEECH & HEARING PROFESSIONALS  
BOARD  
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 to conduct a criminal records 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.**

**BILLING INFORMATION (IF APPLICABLE):**

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND DATE

\_\_\_\_\_  
NAME OF AGENCY REQUESTING CHECK

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE AND DATE (MINOR APPLICANTS ONLY)

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE AT AGENCY