

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Type of Photo ID and ID # (Dr. Lic. / State ID or Passport Only) _____

Personal Information (Please Print)

Name _____ SSN _____ Date of Birth _____

Address _____ City _____

State _____ ZIP _____

Phone # _____ Ohio Resident Longer than five years Yes No

Complete This Portion only if an FBI background check is needed

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for background check: (BE SPECIFIC)

Include Reason Code for Fingerprints

Direct Copy Options (Select only one)

- | | | |
|-------------------------------------|---|---|
| 1 None | 2 BMV Dealer Licensing | 3 BMV Deputy Registrar |
| 4 Child Care Center-Type A-ODJFS | 5 Commerce – Medical Marijuana Control Program | 6 Construction Board |
| 7 Lottery Commission | 8 Occupational or Physical Therapy, Athletic Trainers Board | 9 Ohio Board of Nursing |
| 10 Ohio Dept of Education | 11 Ohio Dept of Insurance | 12 Ohio Dept of Liquor Control |
| 13 Ohio Dept of Agriculture-Hemp | 14 Ohio Dept of Real Estate and Professional Licensing | 15 Ohio Medical Board |
| 16 Ohio Racing Commission | 17 Ohio Veterinary Medical Licensing Board | 18 Pharmacy Board |
| 19 PI/SG Ohio Dept of Public Safety | 20 Social Work Board | 21 State Speech and Hearing Professionals Board |
| 22 State Vision Professionals Board | | |

Name and Address for results to be mailed to: (other than Direct copy option)

National Web Check Waiver:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this agency (Eastern Gateway Community College) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the Web Check provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, Eastern Gateway Community College and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

I ACCEPT

I DECLINE

Applicants Signature _____ Date _____