

Background Check Request (via Electronic Fingerprinting)

Check one: BCI FBI BCI and FBI (both)

Check one: ESC/COG Employee ESC/COG Substitute Other

Personal Information (please print legibly)

Phone #: _____

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City: _____ Email address: _____

State: _____ ZIP Code: _____ Results to be emailed to you: Yes No

Organization name: _____

Organization address: _____ Authorized Reason Code: _____

Direct Copy to (Select only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Ohio Department of Education | <input type="checkbox"/> Ohio State Racing Commission | <input type="checkbox"/> Dietetic Board |
| <input type="checkbox"/> Ohio Department of Insurance | <input type="checkbox"/> Ohio Peace Officer Training Academy | <input type="checkbox"/> Lottery Commission |
| <input type="checkbox"/> Ohio Department of Liquor Control | <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Respiratory Care Board |
| <input type="checkbox"/> Ohio Department of Public Safety | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> None |
| <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Child Care Ctr. Type A-ODJFS | |

National WebCheck Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (1XH606/1UE525 - ESC of Central Ohio) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records 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 WebCheck 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 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.

Applicant's Signature: _____	Date: _____
Parent/Guardian Name: _____	P/G Signature: _____

For office use only by ESC

Date results printed:	Provided by:
<input type="checkbox"/> Emailed <input type="checkbox"/> Mailed <input type="checkbox"/> Picked up	

By signing this form, applicants acknowledges that all information on this form is accurate. Any mistakes/errors on this form are the responsibility of the applicant.

To check on the status of background check results, please call the Civilian Identification Department at 1.877.224.0043 from 8 a.m. to 4:30 p.m. Monday through Friday and select the option to connect you to the Civilian Criminal Background Check Representative.

Please have the following information ready:

- Your Social Security Number
- Where background check was sent and the address

If you requested your results to be mailed to a third party:

Your results of the criminal background check will be sent to the agency/entity you designated and the ESC of Central Ohio will NOT have access to the criminal background check results. As the ESC of Central Ohio does not have access you may request a copy by following the instructions below:

- Go To www.ohioattorneygeneral.gov/backgroundchecks
- Under the “How May We Help You” screen, click on Forms, then on “Background Check Request Forms” and printout a form to use for your request.

For Employees/Substitutes of the ESC or ESC-COG:

You are entitled to a copy of your results.

You may pick up your results at the ESC of Central Ohio location at which you had them completed.

Authorized Reason Codes:

- 2151.86 Out of home Child Care, Foster Parents, Adoptive Parents and all individuals 18 and over residing in home
- 3301.541 Preschool Programs
- 3319.39B1 School Employees-non teaching positions
- 3319.39 B3 School Employees-teachers only
- 3327.10 School Bus Driver
- 3701.881 Home Health Agency Responsible for Children or Adults (in-home patient care)
- 3905.051 Applicant to obtain license to sell Insurance through the Ohio Department of Insurance
- 4755.70 Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board license applicants
- 4757.101 Counselor, Social Worker, and Marriage and Family Therapists Board license applicants
- 5104.013 An Employee, Owner, Licensee, Administrator or Person Residing in a Type A of Type B Home, or an In-Home Aide
- 5123.081 Employment with DoDD, county board of DD or contracting agency
- 5126.28 Use in lieu of 5123.081
- NCPA/VCA Volunteer Children’s Act - for individuals working with or volunteering to work with children, the elderly or individuals with disability.