FBI and BCI Background Check Request

Circle One or Both: **FBI $35** **BCI $30** **Both $65**

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: _____

Full Address:_____
Include city, state, and zip code

Race (circle one) Caucasian or Hispanic Descent Black Asian or Pacific Islander

Middle Eastern Native American Unknown or Indeterminable

Resident of Ohio for the last consecutive 5 years _____YES _____NO

FBI Reason Fingerprint Code _____

BCI Reason Fingerprint Code _____

Agency requesting background check and for Results to be Mailed to:

Agency Name: _____

Attention Name: _____

Mailing Address: _____

Phone Number: _____

By signing this form, 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 criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records. By signing this form, I acknowledge that all information is accurate. Any mistakes on this form are my responsibility.

_____

Applicant Signature & Date

_____

*If the person is under the age of 18, a parent/legal guardian must accompany and sign permission for the background check is completed.