Request for a Background Check via Electronic Fingerprinting

| BCI | | \$40 | FBI | | \$40 | | В | CI & FBI | | \$65 | | |
|--|--|--|--|---|-----------|--|------------------------------|------------------------------|-----------------------------|-----------------------------|---------------------------|-----|
| | | | | | | | | | | | | |
| Payment can l | be made b | y cash, card o | or a check. All | checks nee | ed to be | payable to | o Cedarvill | e Universit | ty. | | | |
| A valid, goveri | nment issu | ued ID is requ | ired to do a ba | ackground | check. | | | | | | | |
| You will be asl | ked for yo | ur social secu | rity number w | hen the fi | ngerprin | ts are coll | ected. | | | | | |
| Personal Information (please print) | | | | | | Type of ID: | | | | | | |
| Name: | | | | | | State/Province: | | | | | | |
| Date of Birth: | | | | | | Zip/Postal Code: | | | | | | |
| Address: | | | | | | Phone #: | | | | | | |
| City: | | | | | | Email Add | lress: | | | | | |
| Sex: F | M | Race: | | Height: | | | Weight: | | Hair: | | Еує | es: |
| Reason code | es for bac | kground che | eck: | | | Address | for result | s to be m | ailed to: | | | |
| | | | | | | | | | | | | |
| BCI Reason Co | ode: | | | | | Recipient | Name: | | | | | |
| FBI Reason Co | ıde. | | | | | Attn: | | | | | | |
| . 5 | .u.c | | | | | Address:_ | | | | | | |
| | | | | | | City: | | State | :Zip C | Code: | | |
| | | Phone Number: | | | | | | | | | | |
| | | | Direct Copy | Ontions | (Circle (| anly and | | | | | | |
| | | | Direct copy | Options | (Circle (| only one, | | | | | | |
| Ohio Department of Education Ohio Dept of Public Safety Ohio Department of Liquor Control RV Dealer Licensing Ohio State Racing Commission Ohio Department of Insurance Operatory Operator | | | | | | Occupational Therapy, Physical Therapy | | | | | | |
| I certify that the Identification & to disseminate of voluntarily and to this authorize | Investigation investigation in the contraction in t | on to conduct a est, conviction, release and dis | criminal record and juvenile de scharge the Ohio | ls check for linquency a o Attorney (| the infor | mation rela on records | ted to me. I to the agend | also volunta y I have des | arily and kn signated to | owingly aut receive this | horize BCI8 informatio | on. |

Applicant's Signature and Date

Parent/Guardian Signature and Date (Minor Applicants ONLY)