

Request for a Background Check via Electronic Fingerprinting

BCI \$40 FBI \$40 BCI & FBI \$65

Payment can be made by cash, card or a check. All checks need to be payable to Cedarville University.

A valid, government issued ID is required to do a background check.

You will be asked for your social security number when the fingerprints are collected.

Personal Information (please print)

Type of Govt ID: _____

Name: _____

State/Province: _____

Date of Birth: _____

Zip/Postal Code: _____

Address: _____

Phone #: _____

City: _____

Email Address: _____

Sex: F M Race: Height: Weight: Hair: Eyes:

Reason codes for background check:

Address for results to be mailed to:

BCI Reason Code: _____

Recipient: _____

FBI Reason Code: _____

Attn: _____

Address: _____

City: _____ OH: _____ Zip: _____

Phone Number: _____

Direct Copy Options (Circle only one)

- | | | |
|--------------------------------|-----------------------------------|--|
| Ohio Department of Education | Ohio Board of Nursing | Ohio Medical Board |
| Ohio Dept of Public Safety | Ohio Department of Liquor Control | Orthotics, Prosthetics, Pedorthics Board |
| RV Dealer Licensing | BMV Deputy Registrar | Occupational Therapy, Physical Therapy |
| Ohio State Racing Commission | Ohio Department of Insurance | and Athletic Trainers Board |
| Dietetics Board | OPOTA | Ohio Construction Board |
| Social Worker Board | Respiratory Care Board | Other _____ |
| Child Care Center-Type A-ODJFS | Ohio Board of Pharmacy | None |

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.

Applicant's Signature and Date

Parent/Guardian Signature and Date (Minor Applicants ONLY)

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

FBI FINGERPRINTING ONLY (read and initial)

_____ I acknowledge my fingerprints will be used to check the national criminal history records of the Federal Bureau of Investigation (FBI)

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:
_____ Declined it _____ Took it with me