



**MARYSVILLE DIVISION OF POLICE**  
**Request for a Background Check via**  
**Electronic Fingerprinting**  
**FORM MUST BE COMPLETED**

**Type of Transaction:**     **FBI**                     **BCI**                     **BOTH**

Personal Information (please print)

Name \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City/State/Zip \_\_\_\_\_ SSN \_\_\_\_\_

Phone # \_\_\_\_\_ Type of Photo ID & ID # \_\_\_\_\_

***Complete this portion only if FBI background check is needed:***  
 Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Reason for background check: **FBI:** \_\_\_\_\_ **BCI:** 2151.86  
 (See attached **FBI & BCI REASON FINGERPRINT CODES**)

**NAME & ADDRESS for Results to be Mailed to: (US Mail)**

Company Name: OSU Office of Human Resources                    ATTN: Background Checks - 4-H UNION COUNTY

Address 1590 N. High St., Ste. 300 \_\_\_\_\_

City Columbus \_\_\_\_\_ State OH \_\_\_\_\_ ZIP 43201 \_\_\_\_\_ Phone 937-644-8117 \_\_\_\_\_

***Direct Copy to (circle only one): Electronic copy to State Agencies Only***

- |                              |                              |                                |
|------------------------------|------------------------------|--------------------------------|
| Ohio Dept. of Public Safety  | Ohio Dept. of Education      | Ohio Board of Nursing          |
| BMV Dealer License           | Ohio Dept. of Liquor Control | Respiratory Care Board         |
| Ohio State Racing Commission | BMV Deputy Registrar         | Child Care Center Type A ODJFS |
| Dietetic Board               | Ohio Dept. of Insurance      | Lottery Commission             |
| OPOTA                        | NONE                         | _____                          |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal record check for the information related to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to \_\_\_\_\_. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, and the FBI and their employees from all claims and liability related to this authorized criminal record and dissemination.

I HAVE READ AND RECEIVED INFORMATION ON HOW TO CHALLENGE MY RESULTS

\_\_\_\_\_  
 Applicant's Name (please print)

\_\_\_\_\_  
 Officer Name (please print)

\_\_\_\_\_  
 Applicant's Signature      (date)

\_\_\_\_\_  
 Officer Signature

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Parent/Guardian Signature (Minor Applicants Only)

By signing this form, the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant. **Resubmissions will require an additional charge.**

**Office Use Only:**    Payment Method \_\_\_\_\_                    CO Unit # \_\_\_\_\_