



REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

UNION COUNTY SHERIFF'S OFFICE – 221 WEST 5TH STREET, MARYSVILLE, OHIO 43040

☐ BCI&I

☐ FBI

☐ BCI&I & FBI

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

CITY: _____

SSN: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

COMPLETE THIS SECTION ONLY IF A FBI BACKGROUND CHECK IS NEEDED:

SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

REASON FOR BACKGROUND CHECK:

(SEE ATTACHED LISTS OF BCI & FBI REASON FINGERPRINT CODES)

BCI REASON CODE: _____

FBI REASON CODE: _____

ADDRESS FOR RESULTS TO BE MAILED TO:

RECIPIENT NAME: _____

ATTN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RECIPIENT PHONE #: _____

DIRECT COPY OPTIONS (CIRCLE ONLY ONE, IF APPLICABLE):

BMV DEALER LICENSING
BMV DEPUTY REGISTRAR
CHILD CARE CENTER – TYPE A – ODJFS
OHIO CONSTRUCTION BOARD
LOTTERY COMMISSION
OPOTA
OCCUPATIONAL THERAPY, PHYSICAL
THERAPY, & ATHLETIC TRAINERS BOARD

OHIO BOARD OF NURSING
OHIO BOARD OF PHARMACY
OHIO DEPT OF EDUCATION
OHIO DEPT OF LIQUOR CONTROL
OHIO DEPT OF PUBLIC SAFETY
OHIO DEPT OF INSURANCE
OHIO MEDICAL BOARD

OHIO RACING COMMISSION
OHIO VETERINARY MEDICAL LICENSING
BOARD
SOCIAL WORKER BOARD
STATE SPEECH & HEARING PROFESSIONALS
BOARD
STATE VISION PROFESSIONALS BOARD

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.

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.

BILLING INFORMATION (IF APPLICABLE):

APPLICANT'S SIGNATURE AND DATE

NAME OF AGENCY REQUESTING CHECK

PARENT/GUARDIAN SIGNATURE AND DATE (MINOR APPLICANTS ONLY)

SIGNATURE OF REPRESENTATIVE AT AGENCY