



# REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

UNION COUNTY SHERIFF'S OFFICE – 221 WEST 5<sup>TH</sup> 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:**

GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

**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):**

OHIO DEPT OF EDUCATION & WORKFORCE\*

OCCUPATIONAL THERAPY, PHYSICAL THERAPY

OHIO CONSTRUCTION INDUSTRY BOARD\*

OHIO BOARD OF NURSING\*

& ATHLETIC TRAINERS BOARD\*

OHIO MEDICAL BOARD\*

CHILD CARE CENTER – TYPE A – ODJFS\*

OHIO DEPT OF LIQUOR CONTROL

OHIO VETERINARY MEDICAL LICENSING

STATE VISION PROFESSIONALS BOARD\*

OHIO DEPT OF INSURANCE

BOARD\*

STATE SPEECH AND HEARING PROFESSIONALS

OHIO LOTTERY COMMISSION

OHIO DIVISION OF REAL ESTATE &

BOARD\*

OHIO RACING COMMISSION

PROFESSIONAL LICENSING\*

SOCIAL WORK BOARD\*

OPOTA

OHIO DEPT OF AGRICULTURE – HEMP\*

OHIO BOARD OF PHARMACY\*

BMV DEALER LICENSING

OHIO DEPT OF COMMERCE – MEDICAL

OHIO DEPT OF PUBLIC SAFETY/PISG UNIT

BMV DEPUTY REGISTRAR

MARIJUANA CONTROL PROGRAM

\*These agencies allow secondary copies of results to be sent via a Mail-To Address.

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 record 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.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE AND DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE AND DATE (MINOR APPLICANTS ONLY)

**BILLING INFORMATION (IF APPLICABLE)\***

**\*AGENCY MUST HAVE AN ACTIVE ACCOUNT WITH UCSO**

\_\_\_\_\_  
NAME OF AGENCY REQUESTING CHECK

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE AT AGENCY