

Request for a Background Check (Civilian Fingerprinting)

Section 1

Personal Information (please print)

Name: _____ If married, Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

Reason for background Check: _____

Have you lived in Ohio for the last 5 years? Yes or No

Section 2

Dietetic Board	Direct Copy to (select only one):	Ohio Dept. of Insurance
Ohio Dept. of Education	Ohio Dept. of Public Safety	OPOTA
Ohio Board of Nursing	Ohio OT, PT and AT Board	Social Work Board
Ohio Medical Board	State Vision Professionals Board	State Speech & Hearing Board
Child Care Ctr-Type A: ODJFS	Ohio Pharmacy Board	Ohio Veterinary Medical Board
NONE	Ohio Dept of Liquor Control	Other:

I am taking the Black Ink Card(s) with me

I wish to mail my results (please write in address below)

I wish to pick up my results

Section 3

Background Check Type (select one): Ohio \$36.00 FBI only \$38.00 Ohio/FBI \$60.00 Black INK card(s) \$14 + \$____\$1 each additional card

Payment Method (select one): Cash Check *Charge to Department *Invoice Bursar Credit Card

Section 4

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 records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the above listed address. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI, Miami University, and their employees from all claims and liability related to this authorized criminal record review and dissemination.



Signature: _____ Date: _____

If Applicant is under 18 years of age, parent / guardian information needs completed:

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Section 5

*Account number/invoicing address:

MUPD Use Only
Waiver verified by _____ Processed by _____
Entered by _____ HR Sheet _____ Ref. #: _____