

Request for a Background Check via Electronic Fingerprinting

___ BCI

___ FBI

___ BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____ State/Province _____

DOB _____ SSN _____ Zip/Postal Code _____

Address _____ Email Address _____

City _____ Phone # _____

Complete this portion only if an FBI Background Check is needed.

Sex Race Height Weight Eyes Hair

Reason for Background Check (please be specific):

Fairfield Local Schools Employee, Coach or Volunteer

Address for results to be mailed to:

Fairfield Local Schools
Attn: Amy Buddelmeyer
11611 St. Rt. 771
Leesburg, Ohio 45135

Direct Copy to (circle only one):

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

Ohio Department of Insurance

OPOTA

BMV Dealer Licensing

BMV Deputy Registrar

Child Care Ctr – Type A – ODJFS

Dietetic Board

Lottery Commission

Respiratory Care Board

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

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature

Date

Witness 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.