

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 Volunteer

Direct Copy to (circle only one):

Address for results to be mailed to:

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

- 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.