

## Request and Authorization for Background Check and/or Electronic Fingerprinting

Check one:     BCI only                       FBI only                       BCI & FBI

**Personal Information (please print):**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete this information if an FBI check is being conducted:**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Reason/code(s) for background check (please be specific): \_\_\_\_\_

Mail results to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize Acloché to submit information to the Ohio Bureau of Criminal Identifications & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the agency listed above. 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. This authorization is valid for one year from the date this background check was conducted.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent or Guardian Signature (minors only)

\_\_\_\_\_  
Parent or Guardian Name (please print)

**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.**