

Request for a Background Check via Electronic Fingerprinting

BCI _____

FBI _____

BCI and FBI _____**Personal Information (please print)**

Type of Photo ID and ID# _____

Name _____ Email Address _____

Date of Birth _____ SSN _____ Phone # _____

Address _____ State/Province _____

City _____ Zip/Postal Code _____

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

SEX _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for Background Check: (BE SPECIFIC)**Organization Name and Address for results to be mailed to:**

Position: STUDENT TEACHING/FIELD EXPERIENCE STUDENTS

**LOURDES UNIVERSITY, EDUCATION DIVISION
6832 CONVENT BLVD., SYLVANIA, OHIO 43560**BCI Reason Code: 3319.39B3FBI Reason Code: 3319.39**Direct Copy Options (Select Only One)**Agency approved by VECHS program Yes No _____Ohio Department of Education

Ohio Department of Insurance

Ohio Medical Board

BMV Dealer Licensing

OPOTA Ohio Peace Officer Training Academy

Ohio State Racing Commission

BMV Deputy Registrar

Ohio Board of Nursing

Orthotics, Prosthetics, Pedorthics Board

Child Care Center- Type A- ODJFS

Ohio Board of Pharmacy

Respiratory Care Board

Ohio Construction Board

Lottery Commission

Occupational Therapy, Physical Therapy,
and Athletic Trainers Board

Dietetics Board

Ohio Department of Liquor Control

Ohio Department of Public Safety/PISG

Social Worker Board

State Vision Professionals Board

Veterinary Medical Licensing Board

None

Speech and Hearing Professionals Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the WebCheck agency (7Z1821-North Central Ohio ESC) to submit information to the Ohio Bureau of Criminal Identification and Investigation and I voluntarily and knowingly authorize the BCI&I to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize the BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the following:

_____ I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, and the North Central Ohio ESC and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)_____
Witness Name (please print)_____
Applicant's Signature_____
Witness Signature_____
Parent/Guardian Name (please print) (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.

Parent/Guardian Signature (please print) (Minor Applicants only)

Paid: Cash _____ Check: _____ Credit Card: _____ Transaction No. _____

Select location BCI and FBI: NCOESC _____ CASA _____

Bill to: TIFFIN UNIVERSITY ATTN: 155 Miami Street, Tiffin, Ohio 44883 or mayfieldv@tiffin.edu