

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Name

Date of Birth

SSN

Staff

Address

Substitute

City/State

Volunteer

Coach

Zip Code

Phone #

Today's Date

Email Address

I confirm I have lived in
Ohio the past 5 years.

Send Copy to Ohio Dept. of
Education

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & 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 Kings Local School District. 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 records review and dissemination.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature

Witness Signature

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.