



# Mid-Ohio Educational Service Center

890 West Fourth, Suite 100, Mansfield, OH 44906

Phone 419-774-5520

Monday thru Friday 8:30 am - 3:30 pm (by Appointment Only)

**Prints can only be taken with a Current Picture ID**

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 (BCI&I) 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 requesting agency listed below. 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 the authorized criminal record review and dissemination.

I hereby release BCI&I, Mid-Ohio Educational Service Center, and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I further understand that results of this fingerprint image and my social security number will be released to the Ohio Bureau of Criminal Identification & Investigation.

I understand that Mid-Ohio Educational Service Center is not responsible for ensuring that a BCI&I web scan fingerprint check is acceptable to BCI&I. MOESC will make every attempt to secure good fingerprints utilizing the guidelines given by BCI&I. Should the attempt fail for whatever reason, I understand that it will become my responsibility to secure a "no record" verification for my employment.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ \* Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Have you lived in Ohio the last 5 consecutive years? Circle One: Yes / No

### Reason Code for Background Check:

If you are sending your prints electronically to an Agency listed below, then the reason codes are shown below.

Otherwise, please provide the appropriate Reason Code.

FBI Code: \_\_\_\_\_

BCI Code: \_\_\_\_\_

Send paper copy of my results to (choose only one):

- Agency listed below, or  - Home address listed above

Name of Agency: \_\_\_\_\_

Agency phone #: \_\_\_\_\_

Agency address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please send electronic copy to:

- Ohio Dept. of Education {3319.291}
- Ohio Board of Nursing {4723.09}
- Ohio Board of Pharmacy {4729.07}
- Ohio Dept. of Insurance {3905.05}
- Ohio Dept. of Public Safety {4749.03 / 4749.06}
- Ohio Dept. of Liquor Control {4303.29}
- Ohio Racing Commission {3769.03}
- Child Care Ctr/Type A-ODJFS {5104.012 / 5104.013}
- OT, PT, Asst's or Athletic Training {4755.70}
- Ohio Veterinary Medical Licensing Board {4741.10}

- State Speech & Hearing Board {4747.051 / 4753.061}
- State Psychology Board {4732.091}
- State Vision Professionals Board {4725.50}
- Lottery Commission {3770.02}
- Ohio Medical Board {4731.08}
- Construction Board - {4740.06}
- Ohio Peace Officers Training OPOTA {LAW / LAW}
- Social Work Board {4757.101}
- BMV Dealer Licensing - {No ORC}
- BMV Deputy Registrar - {No ORC}

### Please Choose One:

- BCI - \$35.00
- FBI - \$40.00
- BCI & FBI - \$70.00

### Method of Payment:

- Bill to the Agency listed above
- Cash/Check
- Credit/Debit

Witness Initials: \_\_\_\_\_