

You must provide valid Drivers License (or Government issued photo ID) for Identification and Social Security Card for Verification to be fingerprinted

Webcheck# _____ Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI/State \$35 FBI/Federal \$35 BCI and FBI/State and Federal \$55

Personal Information (please PRINT)

Name _____ Type of Photo ID _____
State/Province _____
Date of Birth _____ SSN _____ Zip/Postal _____
Address _____ Phone # _____
City _____ Email Address _____

Complete this portion only if an FBI background check is needed:

Sex Race Height Weight Eyes Hair

(NOTE: An organization must be VECHS registered with BCI to be able to use the "OTHER" Code.)

LAW CODE(s): Authorized Reason Code(s): _____

Direct Copy to (circle only one):

Name and Address of organization
for results to be mailed to:

Catholic Diocese of Columbus
Attn: Regina E. Quinn
197 E. Gay St.
Columbus, OH 43215

- BMV Dealer Licensing Ohio Department of Liquor Control
- BMV Deputy Registrar Ohio Board of Nursing Ohio
- Childcare Ctr/Type A ODJFS Department of Education
- Construction Board Ohio Department of Public Safety/PISG
- Dietetic Board Ohio Department of Insurance
- Lottery Commission Ohio Racing Commission
- OPOTA Respirator Care Board
- Ohio Board of Pharmacy Social Work Board
- Ohio Medical Board Orthodontics Board
- Occupational or Physical Therapy, Athletic Training
- None

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 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 _____. 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.

Applicant's Name (please print) _____

Witness Name (please print) _____

Applicant's Signature _____ Date _____

Witness Signature _____

Parent/Guardian' Printed 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.