



Log # _____

WAYNE COUNTY SHERIFF'S OFFICE
REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

- BCI FBI BCI & FBI

Personal Information (please print)

Type of Photo ID & ID# _____

Name _____

Date of Birth _____

Address _____

SSN _____

City _____

Phone # _____

State _____ Zip Code _____

Email Address _____

Reason for background check (be specific):

Address where results are to be mailed:

Direct Copy Options

(if applicable) (select only one)

- | | | |
|--|--|--|
| <input type="radio"/> Ohio Dept. of Education | <input type="radio"/> Ohio Construction Board | <input type="radio"/> Lottery Commission |
| <input type="radio"/> Ohio Dept. of Public Safety | <input type="radio"/> Ohio Board of Nursing | <input type="radio"/> Ohio Board of Pharmacy |
| <input type="radio"/> BMV Dealer Licensing | <input type="radio"/> Ohio Dept. of Liquor Control | <input type="radio"/> Ohio Medical Board |
| <input type="radio"/> Ohio State Racing Commission | <input type="radio"/> BMV Deputy Registrar | <input type="radio"/> Orthotics, Prosthetics, Pedorthics Board |
| <input type="radio"/> Dietetics Board | <input type="radio"/> Ohio Dept. of Insurance | <input type="radio"/> Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| <input type="radio"/> Social Worker Board | <input type="radio"/> OPOTA | <input type="radio"/> Ohio Speech & Hearing Professionals Board |
| <input type="radio"/> Child Care Center - Type A - ODJFS | <input type="radio"/> Respiratory Care Board | |

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 _____.

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.

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.

Applicant's Name (please print) _____

Parent/Guardian Name (if applicable) _____

Applicant's Signature _____

Parent/Guardian Signature (minor applicant's only) _____

**** Payment must be by cashier's check or money order. ****