



Request for a Background Check via Electronic Fingerprinting

The University of Toledo Police Department
To schedule an appointment, please call (419) 530-4439 or (419) 530-2222

BCI **FBI** **BCI & FBI**

Personal Information (Please print)

Name: _____
Date of Birth: _____
SSN: _____
Email Address: _____

Type of Photo ID & ID #: _____
Address: _____
City: _____
State/Province: _____ Zip Code: _____
Phone #: _____

Complete this section ONLY if a FBI background check is needed:
Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific):

Address for results to be mailed to:

Direct Copy Options (Select only ONE)

- | | | |
|------------------------------------|-----------------------------------|--|
| Ohio Dept of Education | Ohio Construction Board | Lottery Commission |
| Ohio Dept of Public Safety | Ohio Board of Nursing | Ohio Board of Pharmacy |
| BMV Dealer Licensing | Ohio Department of Liquor Control | Ohio Medical Board |
| Ohio State Racing Commission | Ohio Dept of Insurance | Orthotics, Prosthetics, Pedorthics Board |
| Dietetics Board | OPOTA | Occupational Therapy, Physical Therapy,
& Athletic Trainers Board |
| Social Worker Board | Respiratory Care Board | |
| Child Care Center – Type A – ODJFS | | |

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 related 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 Name (Please print)

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 and Date (Minor Applicants ONLY)