



OFFICE OF THE SHERIFF, ASHLAND COUNTY, OHIO
1205 E. Main Street, Ashland, Ohio 44805

**REQUEST FOR A BACKGROUND CHECK
VIA ELECTRONIC FINGERPRINTING**

SO-397

BCI FBI BCI and FBI

Bill Paid in Full

Personal Information (please print)

Name _____ Date of birth _____
Address _____ Phone _____
City _____ State _____ Zip code _____
Social Security # _____

Reason for background check (*be specific*):

Guardianship Application

Address for results to be mailed to:

Ashland County Probate Court, 142 W. Second Street, Ashland, Ohio 44805

Bill to: _____

Direct Copy Options* (check only one)

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

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and the Ashland County Sheriff's Office and their employees from all claims and liability related to this authorized criminal record review and dissemination

Applicant's name (print)

Applicant's signature

Date

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.

To be completed by the Ashland County Sheriff's Office:

Date background check completed: _____ *by* _____