



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

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

Bill Paid In Full

Receipt # _____

BCI Only FBI Only BCI and FBI

Personal Information (please print)

Name _____ Date of Birth _____

Address _____

Social Security # _____ Phone _____

Gender: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Reason for background check (*be specific*): _____

ORC Number Requiring Background Check: BCI _____ FBI _____

Address for results to be mailed to:

Bill to: _____

Direct Copy Options* (check only one)

- | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Ohio Department of Insurance |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Ohio Department of Liquor Control |
| <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Ohio Division of Real Estate & Professional Licensing |
| <input type="checkbox"/> Child Care Center-Type A-ODJFS | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> Commerce – Medical Marijuana Control Program | <input type="checkbox"/> Ohio Peace Officers Training Academy |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Ohio Racing Commission |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> Occupational & Physical Therapy, Athletic Trainers | <input type="checkbox"/> Pharmacy Board |
| <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> PI/SG Ohio Department of Public Safety |
| <input type="checkbox"/> Ohio Dental Board | <input type="checkbox"/> Social Worker Board |
| <input type="checkbox"/> Ohio Department of Agriculture - Hemp | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> Ohio Department of Education | <input type="checkbox"/> State Vision Professionals 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. 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 signature

Date

To be completed by the Ashland County Sheriff's Office:
Date background check completed: _____ by _____