

Request for a Background Check via Electronic Fingerprinting (Student)

BCI \$40

FBI \$40

BCI & FBI \$65

Payment can be made by cash, card or a check. All checks need to be payable to Cedarville University.

A valid, government issued ID is required to do a background check.

You will be asked for your social security number when the fingerprints are collected.

Personal Information (please print)

Name: _____

Student ID # _____

Sex: M F

Race:

Height:

Type of ID: _____

Fees paid by:

Student _____

Department: _____

ICF to: _____

Weight:

Hair:

Eyes:

Reason codes for background check:

BCI Reason Code: _____

FBI Reason Code: _____

Results to be mailed to:

Cedarville University:

- Financial Aid
- Global Outreach
- Master of Athletic Training
- Physician Assistant (PA) Program
- School of Education
- School of Nursing
- School of Pharmacy
- Social Work

Other:

Direct Electronic Copy Options (Circle only one)

- Ohio Department of Education
- Ohio Dept of Public Safety
- RV Dealer Licensing
- Ohio State Racing Commission
- Dietetics Board
- Social Worker Board
- Child Care Center-Type A-ODJFS
- Ohio Construction Board

- Ohio Board of Nursing
- Ohio Department of Liquor Control
- BMV Deputy Registrar
- Ohio Department of Insurance
- OPOTA
- Respiratory Care Board
- Lottery Commission
- Ohio Board of Pharmacy

- Ohio Medical Board
- Orthotics, Prosthetics, Pedorthics Board
- Occupational Therapy, Physical Therapy and Athletic Trainers 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 related to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the agency I have designated to receive this information. 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 Signature and Date

Parent/Guardian Signature and Date (Minor Applicants ONLY)