

CHECK OR MON. ORDER ONLY

IT IS THE APPLICANTS RESPONSIBILITY TO KNOW THE INFORMATION NEEDED ON THIS FORM, NOT THE STAFF OF THE NOBLE COUNTY SHERIFF'S OFFICE.

**Request for a Background Check via Electronic Fingerprinting
or Local Check**

BCI&I FBI BCI&I and FBI Local Check Only

Personal information (please print)

Name: _____ State/Province: _____

Address: _____ City: _____

Zip: _____ Phone #: _____

Date of Birth: _____ SSN: _____

Complete this portion only if an FBI background check is needed

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____

Reason for background check: _____

(If employer is requiring this, please state job description and title)

Direct Copy to: (check one)

Ohio Department of Education

Ohio Board of Nursing

Ohio Department of Public Safety

Ohio Department of Liquor Control

Ohio State Racing Commission

Ohio Department of Insurance

OPOTA

None

Address for results to be mailed to:

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 and Noble 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)

date

Applicant's Signature

Parent/Guardian Signature

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.

Webcheck # _____

Operator: _____