

Webcheck #4FC214 (THS)
#9JQ467 (VAM)

Log # _____
ID # _____

Request for a Background Check via Electronic Fingerprinting

BCI Only

Personal Information (Please Print)

Name _____
Address _____
City _____ State OH Zip Code _____
Phone # _____ Date of Birth _____
Social Security Number _____

Reason for Background Check: EDUCATIONAL INTERNSHIP

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and 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 TRINITY HIGH SCHOOL. 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)

Applicant's Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian 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.