

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

**BCI**

**FBI**

**BCI & FBI**

**Personal Information (Please Print)**

<b>Name</b>	_____	<b>Picture ID #</b>	_____
<b>Address</b>	_____	<b>Date of Birth</b>	____/____/____
<b>City</b>	_____	<b>Social Security #</b>	____-____-____
<b>State &amp; Zip Code</b>	_____	<b>Phone #</b>	____-____-____

Complete this portion **only** if an FBI background check is needed:

Sex  Race  Height  Weight  Hair  Eyes

**Reason for Background Check:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Address for Results to be Mailed to:**

Walsh Jesuit High School  
\_\_\_\_\_  
4550 Wyoga Lake Rd., Cuyahoga Falls, Ohio 44224  
\_\_\_\_\_  
ATTN: HR Dept. / Sally Froelich  
\_\_\_\_\_

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 record 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 Walsh Jesuit 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)**

\_\_\_\_\_  
**Witness Name (Please Print)**

\_\_\_\_\_  
**Applicant's Signature (Date)**

\_\_\_\_\_  
**Witness Signature (Date)**

\_\_\_\_\_  
**Parent/Guardian Name (for Minors)**

\_\_\_\_\_  
**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.***