

# XUPD BCI/FBI Background Check Application

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Sex  Race  Height  Weight  Hair  Eye

**Reason for background check:**

\_\_\_\_\_ 4723.09 \_\_\_\_\_

**Xavier address for results to be mailed to:**

\_\_\_\_\_ Xavier University; College of Nursing; Attn: Rhonda Ryan  
\_\_\_\_\_ 3800 Victory Parkway; Cincinnati, OH 45207 \_\_\_\_\_

**Direct Copy Options (Select only one)**

- |                                    |  |   |
|------------------------------------|--|---|
| Ohio Dept of Education             | Ohio Board of Nursing                        | Ohio Medical Board  |
| Ohio Dept of Public Safety         | Ohio Department of Liquor Control            | Ohio Veterinary Medical Licensing Board                               |
| BMV Dealer Licensing               | BMV Deputy Registrar                         | Occupational Therapy, Physical Therapy<br>and Athletic Trainers Board |
| Ohio State Racing Commission       | Ohio Department of Insurance                 |   |
| State Vision Professionals Board   | OPOTA  |   |
| Social Worker Board                | State Speech and Hearing Professionals Board |   |
| Child Care Center - Type A - ODJFS | Lottery Commission                           |   |
| Ohio Construction Board            | Ohio Board of Pharmacy                       | NONE  |

I certify that the personal identifiers provided on this form are accurate. I voluntarily and knowingly authorize XUPD to submit information to the Ohio Bureau of Criminal Identification & Investigation (BCI) and the Federal Bureau of Investigation (FBI) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize the BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the contact address I have selected above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, FBI, Xavier University and the Xavier Police Department and their employees from all claims and liability related to this authorized criminal record review and dissemination. I also acknowledge that the results of this background investigation could affect my ability to participate in a Xavier University program, could affect my employment or potential employment with Xavier University or other entities or could result in a University code of conduct and/or criminal investigation.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Fingerprint technician (please print)

\_\_\_\_\_  
Applicant's Signature (date)

\_\_\_\_\_  
Signature

Please read and initial below :

I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility. \_\_\_\_\_

I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

\_\_\_\_\_  
I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter. I was offered a copy of the Privacy Rights letter and: \_\_\_\_\_ Declined it. \_\_\_\_\_ Took it with me. \_\_\_\_\_ Requested that it be sent to me at the email address provided on this form.