

Xavier All-Card # \_\_\_\_\_

## XUPD BCI/FBI Background Check Application

Name	_____	State/Province	_____
Date of Birth	SSN _____	Zip/Postal Code	_____
Address	_____	Phone #	_____
City	_____	Email Address	_____

Sex	<input type="text"/>	Race	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Hair	<input type="text"/>	Eye	<input type="text"/>
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Reason for background check:

Xavier address for results to be mailed to:

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\_\_\_\_\_

### 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
Ohio State Racing Commission	Ohio Department of Insurance	and Athletic Trainers Board
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.