

Webcheck # \_\_\_\_\_

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

## Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

### Personal Information (please print)

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

City \_\_\_\_\_

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

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

Sex  Race  Height  Weight  Hair  Eyes

### Reason for background check: (BE SPECIFIC)

### Address for results to be mailed to:

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

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

### Direct Copy Options (Select only one)

Ohio Dept of Education  
Ohio Dept of Public Safety  
BMV Dealer Licensing  
Ohio State Racing Commission  
State Vision Professionals Board  
Social Worker Board  
Child Care Center - Type A - ODJFS  
Ohio Construction Board

Ohio Board of Nursing  
Ohio Department of Liquor Control  
BMV Deputy Registrar  
Ohio Department of Insurance  
OPOTA  
State Speech and Hearing Professionals Board  
Lottery Commission  
Ohio Board of Pharmacy

Ohio Medical Board  
Ohio Veterinary Medical Licensing Board  
Occupational Therapy, Physical Therapy  
and Athletic Trainers Board  
  
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) \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

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

Witness Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature (Minor Applicants only) \_\_\_\_\_

**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.**