

University of Cincinnati Police Division

Background Information Check (FBI and/or BCI)

By filling out and signing the form below:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the address listed below.

I understand that failure to provide information necessary to obtain criminal records check, providing false information or omitting any material information from my application will be sufficient grounds for the University of Cincinnati's rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required whenever discovered.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI, The University of Cincinnati, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Please note: Background checks can take up to 40 business days to be completed & results received.

PLEASE FILL OUT ALL HIGHLIGHTED SECTIONS

Have you lived in Ohio for more than 5 years? (Circle) Yes No **Service: (Circle)** FBI (Everywhere but Ohio) \$35
BCI (Ohio-only) \$33

NAME: _____
LAST FIRST MIDDLE
_____/_____/_____
DATE OF BIRTH **SOCIAL SECURITY NUMBER** **PHONE NUMBER**

ADDRESS: _____
NO & STREET NAME CITY STATE ZIP

FBI Code: _____ **BCI Code:** _____ State board copy to: _____

Where do you want the results of your background check to go? (Circle One): Pick up _____

Mailed Addressee _____
BUSINESS/NAME ATTN. NO & Street CITY STATE ZIP

OR

University Department: _____ ML _____
DEPARTMENT NAME RECIPIENT'S NAME UNIVERSITY MAIL LOCATION

Recipient Phone Number: _____ - _____ - _____

Prior Criminal History

If you have **ever** been convicted of **any** offense, other than parking citations, please list and explain below. If not, write "N/A". Please know that a record of conviction is not an automatic disqualification for employment or licensure. Please use back of the page if needed.

DATE OF CONVICTION	CITY & STATE	CHARGE	PENALTY ASSESSED

Customer Signature _____ **Date:** ____/____/____

DO NOT WRITE BELOW – FOR UNIVERSITY PUBLIC SAFETY USE ONLY

Direct Copy? YES____ If so, where to?_____ NO____	Interdepartmental Mail To: ML_____ Name:_____
Service Performed: BCI____ FBI____ BMV____	Payment: Credit/Debit____ Cash____ Check/Money Order____ Billing____
Technician_____	Date____/____/____