# 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) $32

**NAME:**_____
LAST FIRST MIDDLE

_____/_____/_____ _____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER PHONE NUMBER

**ADDRESS:**_____
NO & STREET NAME CITY STATE ZIP

**Why do you need a background check?**_____ State board copy to:_____

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

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_____<br>Name:_____ |
| Service Performed: BCI_____ FBI_____ BMV_____ | Payment: Credit/Debit_____ Cash_____ Check/Money Order_____<br>Billing_____ |
| Technician_____ | Date_____/_____/_____ |