STARK STATE SECURITY DEPARTMENT
BACKGROUND CHECK REQUEST

OFFICE USE ONLY

Operator Initials: **OR Bill to:** _____

STATUS

COMPLETE **Date in Banner:** _____ **Eligible / Ineligible**

MAILED **Date rec'd:** _____ **Eligible / Ineligible**

SENT

Dept.: _____ **Date:** _____

Rap Sheet Form:

○ **BCI** ○ **FBI** ○ **BCI and FBI**

Student ID#: S00_____

Personal Information (please print)

Name: _____

Date of Birth: _____

Phone: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

REASON for Background Check:

HR-POTENTIAL HIRE REQUIRED for LICENSE/PERMIT SSC PROGRAM REQUIREMENT PREAPPLICATION TO PROGRAM

SSC PROGRAM: _____

GRADUATING OR NEED IT SENT TO A BOARD? PLEASE CIRCLE AND ADVISE OPERATOR!

Direct copies need sent to:

Ohio Board of Nursing
Ohio PTA/OTA Board
Ohio State Dental Board
Ohio Department of Education
State Medical Board of Ohio
Social Work Board
ODJFS **(all Education Major students need to circle)**

(For Outside Agency only)
Address for results to be mailed to: _____

_____

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to **STARK STATE COLLEGE or agency listed above**. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

_____ _____
Applicant's Name (please print) **Witness Name (please print)**

_____ _____
Applicant's Signature **(date)** **Witness Signature**

_____
Parent/Guardian Name (please print)

_____
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.