

STARK STATE SECURITY DEPARTMENT BACKGROUND CHECK REQUEST

☐ 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 IN THE NEXT 12 MONTHS 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)

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: _____

NOTE: Unless otherwise directed, ALL Background Checks are conducted at SSC Main Campus, 6200 Frank Ave., North Canton, Ohio 44720, S Building, Room S103

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.