REQUEST FOR BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING
PAYMENT by EXACT CASH, CHECK or CREDIT CARD

Residents/Employees of Clearcreek Twp or City of Springboro
____ BCI ($35) ____ FBI ($35) __ BCI and FBI ($65)

Non-Residents and Non-Employees of Clearcreek Twp or City of Springboro
____ BCI ($50) ____ FBI ($50) __ BCI and FBI ($95)

Applicant's Personal Information *(please print)*

Name _____ **Date of Birth** _____

Address _____ **Soc Sec Number** _____

City _____ **Phone Number**

State _____ **Zip** _____ **Email** _____

Complete this portion if an FBI background check is needed:

Sex _____ **Race** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

Reason for background check: ☐ Children ☐ Elderly ☐ Children/Elderly ☐ Other __School Volunteer_____

☐ Licensing/Permit ☐ Fire/EMT ☐ Pharmacy Tech. ORC# FBI: 3319.39 BCI: 3319.39B1

Results Mailed Directly To:
circle only one
Ohio Department of Insurance
Ohio Department of Education
Ohio Board of Nursing
Ohio Department of Public Safety
Ohio Department of Liquor Control
Ohio State Racing Commission
Ohio Police Officer Training Academy
OPOTA
None

Address for Results to be mailed to:
Springboro Schools Central Office
Attn: HR. Dept., School Volunteer
1685 South Main Street
Springboro, Ohio 45066

Phone#: 937-748-3960

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 the BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records. 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)

_____
Applicant's Signature Date

_____
Parent/Guardian Name (please print)

_____
Parent/Guardian Signature (minor applicants only)

_____
Witness Name (please print)

_____
Witness Signature Date

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.