

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)

Witness Name (please print)

Applicant's Signature Date

Witness Signature Date

Parent/Guardian Name (please print)

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.

Parent/Guardian Signature (minor applicants only)