



## Ohio BCI/FBI Background Check

PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency: \_\_\_\_\_

### Release of Background Check Results

I hereby certify that I have given Secure Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI &I) and release the information to the appropriate agency.

By placing my fingerprint images on the NATIONAL WebFBI Scanner, I am authorizing BCI &I to release criminal history information about me to Secure Check, Inc. and to the appropriate agency for a period of one year from the date of this transaction. I hereby release Secure Check, Inc., BCI & I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailed  No Hit   
Authentication #: \_\_\_\_\_

Data Base: \_\_\_\_\_  
Results Sent: \_\_\_\_\_