

**Guernsey County Sheriff's Office**  
**Request for a Background Check via Electronic Fingerprinting**  
Hours 9:00 AM till 11:00 AM or 8:00 PM till 10:00 PM

Type of Background Check Needed

BCI (State of Ohio Only) \$30.00     FBI (Nationwide Check Only) \$35.00     BFBI (Both Ohio & Nationwide Checks) \$60.00

Cash (correct change only) or Money Order

Please Print Clearly

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

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name & Address for results to be  
mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Reason for background check: \_\_\_\_\_

**Direct Copy to (circle only one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Ohio Department of Education      | <input type="checkbox"/> BMV Dealer Licensing            |
| <input type="checkbox"/> Ohio Board of Nursing             | <input type="checkbox"/> BMV Deputy Registrar            |
| <input type="checkbox"/> Ohio Department of Public Safety  | <input type="checkbox"/> Child Care Ctr – Type A – ODJFS |
| <input type="checkbox"/> Ohio Department of Liquor Control | <input type="checkbox"/> Dietetic Board                  |
| <input type="checkbox"/> Ohio State Racing Commission      | <input type="checkbox"/> Lottery Commission              |
| <input type="checkbox"/> Ohio Department of Insurance      | <input type="checkbox"/> Respiratory Care Board          |
| <input type="checkbox"/> OPOTA                             | <input type="checkbox"/> None                            |

I certify that the 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 \_\_\_\_\_, 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.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_