

**Columbiana County Educational Service Center**  
 38720 Saltwell Road ♦ Lisbon, Ohio 44432  
**Request for Background Check via Electronic Fingerprinting**

Please complete this form and bring it with you to your appointment.  
**You will need your driver's License and Social Security Card.**  
**Call (330) 424-9591 for an appointment.**

BCI&I (Ohio - \$30.00)                       FBI (Federal - \$30.00)  
 (Returned checks additional \$30.00)

**Personal Information (please print)**

**Name: (print)** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Have you lived in Ohio more than 5 years: Yes or No** (circle one)

**\*\*Social Security No. (required):** \_\_\_\_\_

<b>Reason for background check:</b> <b>(Be Specific) (e.g., Teacher, Coach, Volunteer, Nurse, home health aide etc.):</b> _____ _____ <b>**ORC Code:</b> (if mandated by your employer) _____	<b>Where should results be sent</b> <b><u>OR</u></b> <input type="checkbox"/> Mail to Home address _____ _____ _____
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**Direct Copy Options – If applicable (pick only one):**

Ohio Dept of Education	BMV Deputy Registrar
Ohio Dept of Public Safety	Ohio Dept of Insurance
BMV Dealer Licensing	OPOTA
Ohio State Racing Commission	Respiratory Care Board
Dietetics Board	Lottery Commission
Social Worker Board	Ohio Board of Pharmacy
Child Care Center – Type A-ODJFS	Ohio Medical Board
Ohio Construction Board	Orthotics, Prosthetics, Pedorthics Board
Ohio Board of Nursing	Occupational Therapy, Physical Therapy and Athletic Trainers Board
Ohio Department of Liquor Control	

**WAIVER:** I hereby certify that I have given agency 3SZ548-Columbiana County ESC permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I). By placing my fingerprint images on the NATIONAL WebFBI Scanner, I am authorizing BCI&I to release criminal history information about me to the person(s)/agencies identified in this request for a period of one year from the date of this transaction. I hereby release BCI&I and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

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

**District/Agency Authorization: (Employing Agency Use Only)**

Payment Method:  
 Individual's Responsibility                      Invoice District/Agency – PO#: \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**CCESC Office Use Only**

\$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_                       Invoice District/Agency

\*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.                      \*\*Required field