Mahoning County Career and Technical Center
MCCTC Adult Career Center

Request for a Background Check via Electronic Fingerprinting

- BCI ($37)
- FBI ($37)
- BCI and FBI ($70)

Please Note: *MCCTC acts solely as a provider to capture fingerprints. All required reason codes and agency information must be provided at the time of fingerprinting.*

Personal Information (please print)

Name: _____ Phone No.: _____

Date of Birth: _____ SS#: _____ Email Address: _____

Address: _____ State:_____

City: _____ Zip Code: _____

Reason for background check: _____

Reason Codes: **Required** ***(See below note)***

BCI Reason Code: _____

FBI Reason Code: _____

Address for results to be mailed to: **Required**

_____

_____

_____

Reason codes and the Address to be mailed to are your responsibility to provide for this service

Direct Copy to (circle only one):

NONE (MUST Circle if None Below Apply)
Ohio Department of Education
Ohio Dept. of Agriculture-Hemp
Ohio Board of Nursing
Ohio Department of Public Safety/PISG
Ohio Department of Liquor Control
Ohio Racing Commission
Ohio Dept of Insurance
BMV Deputy Registrar
BMV Dealer Licensing
Lottery Commission
Child Care CTR/Type A-ODJFS
Pharmacy Board
Construction Board
Social Work Board
State Medical Board
OT, PT, & Athletic Trainers Board
State Speech and Hearing Professionals Board
State Vision Professionals Board
Ohio Veterinary Medical Licensing Board
Ohio Division of Real Estate & Professional Licensing
Commerce-Medical Marijuana Control Program

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 (BCI&I) 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 as indicated on this form. I voluntarily and knowingly release and discharge the Mahoning County Career and Technical Center, 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

_____

Parent/Guardian Name

_____

Parent/Guardian Signature (Minor Applicants only)

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.