

Mid-Ohio Educational Service Center



890 West Fourth St., Suite 100, Mansfield, OH 44906

Phone 419-774-5520 Website: www.moesc.net

Hours: Monday—Friday, 8:30 am—3:30 pm

BY APPOINTMENT ONLY with a CURRENT GOVERNMENT-ISSUED PHOTO ID

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 to the requesting agency listed below. 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 the authorized criminal record review and dissemination.

I hereby release BCI&I, Mid-Ohio Educational Service Center, and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I further understand that results of this fingerprint image and my social security number will be released to the Ohio Bureau of Criminal Identification & Investigation.

I understand that Mid-Ohio Educational Service Center is not responsible for ensuring that a BCI&I web scan fingerprint check is acceptable to BCI&I. MOESC will make every attempt to secure good fingerprints utilizing the guidelines given by BCI&I. Should the attempt fail for whatever reason, I understand that it will become my responsibility to secure a "no record" verification for my employment.

Date: _____

Print Name: _____ Signature: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ **Have you lived in Ohio the last 5 consecutive years? Circle One: Yes / No**

Please Choose One:

- BCI—\$35.00
- FBI—\$40.00
- BCI & FBI—\$70.00

Please provide the appropriate Reason Code.

Reason Codes are required by BCI&I.

FBI Code: _____

BCI Code: _____

*Individual/agency making payment assumes responsibility for correct reason codes.

Method of Payment:

- Cash/Check
- Credit/Debit
- Bill to Agency Listed Below (contract required)

*Individual/agency making payment assumes responsibility for correct amount of payment.

Send a paper copy of my results to (choose only one): Agency listed below, or Home address listed above

Name of Agency: _____ Attn: _____ Agency Phone: _____

Agency Address: _____ City: _____ State: _____ Zip: _____

Send an electronic (direct) copy to (choose only one):

- Ohio Dept. of Education {3319.291}
- Ohio Board of Nursing {4723.09}
- Ohio Board of Pharmacy {4729.071}
- Ohio Dept. of Insurance {3905.051}
- Ohio Dept. of Public Safety {4749.03 BCI}
- Ohio Dept. of Liquor Control {4303.29 BCI}
- Child Care Ctr/Type A—ODJFS {CCDBG/5104.013}
- OT/PT/Asst or Athletic Trainer {4755.70/4779.091}
- Ohio Veterinary Medical Licensing Board {4741.10}
- State Speech & Hearing Board {4747.051/4753.061}
- State Psychology Board {4732.091}
- State Vision Professionals Board {4725.501/4725.121}
- Lottery Commission {3770.02}
- Ohio Medical Board {4731.08/4730.101/4731.171}
- Construction Board {4740.061}
- Social Work Board {4757.101}
- BMV Dealer Licensing {No ORC}
- BMV Deputy Registrar {No ORC}