

**SECTION 1: WEBCHECK – CRIMINAL HISTORY CHECK**

Have you lived in Ohio for the past 5 years?  Yes  No

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Address: Street City State Zip Code

\_\_\_\_\_  
Phone Number Name.# (If not applicable, provide non-OSU email address)

**Payment** (cash is not an accepted form of payment):

- Credit or Debit Card Type \_\_\_\_\_
  eRequest/Bill Department PR# \_\_\_\_\_
  BuckID
  Check or Money Order payable to: The Ohio State University # \_\_\_\_\_

- Service:**
- BCI&I (State of Ohio): **\$37.70**
  - FBI (National) **\$39.70**
  - Both Checks: **\$61.70**

**SECTION 2: SIGNATURE REQUIRED - AUTHORIZATION AND RELEASE OF BACKGROUND CHECK**

**ATTENTION: Please review consent information on page 2 prior to signing**

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Background Check Coordinator: Date

**SECTION 3: DO NOT COMPLETE – COMPLETED BY OHR**

\_\_\_\_\_  
Purpose/Reason Fingerprinted  Employment  Non-Employment

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Transaction Number

**Mailed/Delayed Result(s):**

BCI  Date Received: \_\_\_\_\_

FBI  Date Received: \_\_\_\_\_ May Not Meets Received Date: \_\_\_\_\_ RAP Sheet Received Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Campus Mail  Mailed Direct  Email  HRA  # \_\_\_\_\_

Recipient: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Initials: \_\_\_\_\_

#### SECTION 4: FINGERPRINT CONSENT FORM

This form, which you should read carefully, has been provided to you because The Ohio State University may request criminal records checks, including Federal Bureau of Investigation (FBI) federal background check and/or the Ohio Bureau of Criminal Identification & Investigation (BCI&I) background check reports on you. The Ohio State University will use such reports solely for purposes permitted by law, which may include, as applicable, employment, volunteering, licensure or educational programming. If you are subject to an FBI background check and/or the BCI&I background check, you also may challenge the background check results if you believe the results to be incorrect or incomplete in accordance with federal or Ohio law.

#### SECTION 5: FBI AND BCI&I BACKGROUND CHECK CHALLENGE AND REVIEW PROCEDURES

If you believe there is incorrect or incomplete information contained within a FBI federal criminal background check, you may make an application directly with the agency that contributed the questioned information. In the alternative, you also may direct a challenge to the accuracy or completeness of any entry in the record to: FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Once the FBI has received an official communication from the agency contributing the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by the agency.

If you believe there is incorrect or incomplete information contained within an Ohio criminal history record, you may submit a written request for challenge and review to: Ohio Bureau of Criminal Identification & Investigation, ATTN: Challenge and Review, Post Office Box 365, London, OH 43140. The request should include a brief explanation for the reason the record is being challenged, the individual's name and complete mailing address and a complete fingerprint card. For the fingerprint card, you must have all data fields filled out, including the Reason Fingerprinted data field, which should contain the words "Challenge & Review." The fingerprint card will be processed through the state Automated Fingerprint Identification Systems (AFIS), and if a positive identification is established against an existing criminal history record, a printout of the criminal history record along with the fingerprint cards and original letter of request will be returned to the same address as the original result. If after reviewing the criminal history record you feel that the record is inaccurate or incomplete, it is your responsibility to contact the agency responsible for submitting that portion of the record in question to obtain clarification or additional information and to effect any necessary changes. Should modifications need to be made, it is the contributing agency's responsibility to notify the Ohio BCI&I in writing so that the criminal history record can be properly updated.

#### SECTION 6: AUTHORIZATION AND RELEASE

I have carefully read and understand this Fingerprint Consent form. By my signature below, I authorize The Ohio State University to conduct a criminal background check and consent to the release of FBI and/or BCI&I criminal records checks to The Ohio State University or other requested entity to be used for purposes permitted by law, which may include, as applicable, employment, volunteering, licensure or educational programming. Further, I understand that if a federal criminal background check is performed, my fingerprints will be used to check the Federal Bureau of Investigation's (FBI) criminal history records. I also understand that, to the extent allowed by law, information contained in my job application, application for any activity or program for which a background check is required or otherwise disclosed by me before, during or after my employment or participation in activities or programs for which a background check is required, if any, may be used for the purpose of obtaining criminal records checks. I understand that some or all records related to my criminal background check may be subject to release as a public record pursuant to Ohio Revised Code Section 149.43 or as otherwise required by law.

I understand that some or all records related to my criminal background check may be released to the Ohio Department of Job and Family Services or other regulatory body as required by law. I understand that some or all records related to my criminal background check may be released to me by request with confirmation of my identity.

**This Fingerprint Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by The Ohio State University.**

I understand I am responsible for providing all information requested by The Ohio State University to obtain required criminal records checks, and all information provided must be accurate and legible. If I provide inaccurate or illegible information, I will be required to repeat the criminal record check process, including resubmission of necessary information and repayment of fees. Failure to provide information necessary to obtain criminal records checks will be sufficient grounds for rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required.

I understand that providing any false information or omitting any material information from any request or in any interview process will be sufficient grounds for rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required whenever discovered. In addition, providing any false information or omitting any material information from any request or in any interview process may be cause for discipline under an appropriate university disciplinary process or other sanctions permitted by law.