



## Background Check, Policy 4.15 WebCheck (BCI/FBI) Fingerprint Consent

| SECTION 1: APPLICATION OF PERSONAL IDENTIFYING INFORMATION  |   |  |   |
|---|---|--|---|
| Have you lived in Ohio for  | the past 5 years? Yes   | □ No   |   |
| Last Name   | First Name  | Middle Name  |   |
| Date of Birth   |   | Social Security Num  | ber (SSN)   |
| Current Address (Street/City  | /State/Zip)   |  |   |
| Phone Number  |   | Name.# ( <i>If not appli</i>   | cable, provide non-OSU email address)   |
| SECTION 2: FINGERPRINT CONSEI   | NT  |  |   |
| background check and/or the Ohio Burdaw, which may include, as applicable,  | eau of Criminal Identification & Investigation (B employment, volunteering, licensure or education  | nio State University may request criminal records checks, inclu<br>Cl&l) background check reports on you. The Ohio State Unive<br>onal programming. If you are subject to an FBI background che<br>ncomplete in accordance with federal or Ohio law.   | ersity will use such reports solely for purposes permitted  |
| SECTION 3: FBI AND BCI&I BACKGI   | ROUND CHECK CHALLENGE AND REVI  | EW PROCEDURES  |   |
| information. In the alternative, you also m<br>2, 1000 Custer Hollow Road, Clarksburg,  | nay direct a challenge to the accuracy or complete  | criminal background check, you may make an application directly<br>eness of any entry in the record to: FBI, Criminal Justice Informa<br>al communication from the agency contributing the original inform<br>in supplied by the agency.   | tion Services (CJIS) Division, ATTN: SCU, Mod. D-   |
| Identification & Investigation, ATTN: Ch-<br>individual's name and complete mailing<br>should contain the words "Challenge &<br>against an existing criminal history reco<br>after reviewing the criminal history reco  | allenge and Review, Post Office Box 365, Londo<br>address and a complete fingerprint card. For th<br>Review." The fingerprint card will be processed<br>rd, a printout of the criminal history record along<br>rd you feel that the record is inaccurate or incon<br>mation and to effect any necessary changes. Sh | riminal history record, you may submit a written request for cin, OH 43140. The request should include a brief explanation for e fingerprint card, you must have all data fields filled out, inclut through the state Automated Fingerprint Identification Systems g with the fingerprint cards and original letter of request will be applete, it is your responsibility to contact the agency responsibility made, it is the contributing ager | r the reason the record is being challenged, the<br>ding the Reason Fingerprinted data field, which<br>(AFIS), and if a positive identification is established<br>returned to the same address as the original result. If<br>le for submitting that portion of the record in question |
| SECTION 4: AUTHORIZATION AND  | RELEASE   |  |   |
| release of FBI and/or BCI&I criminal r<br>employment, volunteering, licensure c<br>Bureau of Investigation's (FBI) crimina<br>which a background check is required<br>may be used for the purpose of obtain   | ecords checks to The Ohio State University of<br>or educational programming. Further, I unders<br>al history records. I also understand that, to the<br>I or otherwise disclosed by me before, during   | e below, I authorize The Ohio State University to conduct a<br>r other requested entity to be used for purposes permitted be<br>stand that if a federal criminal background check is performe<br>the extent allowed by law, information contained in my job ap<br>or after my employment or participation in activities or prograt<br>t some or all records related to my criminal background check  | oy law, which may include, as applicable,<br>d, my fingerprints will be used to check the Federal<br>pplication, application for any activity or program for<br>rams for which a background check is required, if any   |
| 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 orig  | inal, faxed, photocopied or electronic form, w  | rill be valid for any reports that may be requested by The O   | hio 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 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 mainformation 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   |   |  |   |
| SECTION 5: SIGNATURE REQUIRE  | D - AUTHORIZATION AND RELEASE OF  | BACKGROUND CHECK   |   |
|   |   |  |   |
| Signature   | Printed N   | Name   | Date  |