Request for a Background Check via Electronic Fingerprinting

Background Checks are available at these locations. You must call to make appointment.

Highland County Sheriff's Office – 937-393-1421
SOESC – 937-393-1331 (Hillsboro) / 937-382-6921 (Wilm.)

Background Check Requested: ☐ **BCI** ☐ **FBI** ☐ **BCI and FBI**

New Employees – BCI & FBI (both)
License Renewals – FBI only
Volunteers – BCI only

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____ State/Province _____

DOB _____ SSN _____ Zip/Postal Code _____

Address _____ Email Address _____

City _____ Phone # _____

Complete this portion only if an FBI Background Check is needed.

Sex ☐ Race ☐ Height ☐ Weight ☐ Eyes ☐ Hair ☐

Reason for Background Check (please be specific):

Fairfield Local Schools Employee, Coach or Volunteer

Address for results to be mailed to:

Fairfield Local Schools
Attn: Amy Buddelmeyer
11611 St. Rt. 771
Leesburg, Ohio 45135

Direct Copy to (circle only one):

	Ohio Department of Education	BMV Dealer Licensing
	Ohio Board of Nursing	BMV Deputy Registrar
	Ohio Department of Public Safety	Child Care Ctr – Type A – ODJFS
	Ohio Department of Liquor Control	Dietetic Board
	Ohio State Racing Commission	Lottery Commission
	Ohio Department of Insurance	Respiratory Care Board
	OPOTA	NONE

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal record conviction and juvenile delinquency adjudication records to Fairfield Local Schools. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI and their employees from all claims and liability related to this authorized record review and dissemination.

Applicant's Name (please print)

Applicant's Signature Date

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants Only)

Witness Name (please print)

Witness Signature

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.