

UNIVERSITY OF TOLEDO JUDITH HERB COLLEGE OF EDUCATION REGISTRATION FORM

REQUESTED BACKGROUND CHECK

BCI & FBI (\$70)

Circle One: School Teacher - 3319.39 or Childcare Center - 5104.013

| | □CASH | CHECK# | <u> </u> | IASTERCARD/AMEX | |
|----------------------------|-------------------------------------|--|----------------------------|---|--|
| | INDIVIDUAL RESPONSIBLE FOR PAYMENT! | | | | |
| Applicant Inform | ation: (Please print clearly | ; illegible writing will | delay delivery) | | |
| Name: | | | SS Number: | | |
| Address: | | | Date of Birth: | | |
| City, State, Zip: | | | Email: | | |
| Daytime Phone Number: (| | | How did you hear about us? | | |
| • Electronica | · · — — | | ent of Education** | | |
| Company/Agency N | ame: UNIVERSITY OF T | <u>'oledo – Judith</u> | HERB COLLEGE | OF EDUCATION | |
| Address: 2801 W. I | Bancroft Street, Mails | top #914 | Attn: Office of St | tudent Services – Gillham Hall | |
| City, State, Zip: Tol | edo, OH 43606 | | Email: kelsy.kris e | e@utoledo.edu | |
| • Reason for fing | gerprinting: CHILDREN/SCHOO | OL EMPLOYEE – TEACE | HER 3319.39 OR | CHILDREN/CHILDCARE 5104.013 | |
| of the Ohio Bureau of Cr | ve given National Background | Check, Inc. permission tigation (BCI&I), the F | | ALTS tory information pertaining to me in the files gation (FBI) (if requested), and release that | |
| Background Check, Inc. | | ridual indicated above. | I hereby release BCI&I a | ninal history information about me to National and any and all individuals connected | |
| need to be re-fingerprinte | | onstitute a refund due | to charges incurred by Bo | med readable by BCI&I, in which case I may CI&I immediately after the data is transmitted. am rejected a second time. | |
| | | | | y) result within (10) ten business days or ness days before being forwarded to the | |
| • | Applicant Signature | : | | | |
| | Date: | | | | |
| FOR OFFICE USE ONLY SITE: | Prints Taken By: | Date Pro | ocessed: | Results Processed By: | |