

## UNIVERSITY OF TOLEDO JUDITH HERB COLLEGE OF EDUCATION **REGISTRATION FORM**

## REQUESTED BACKGROUND CHECK

## **BCI & FBI (\$70)**

School Teacher - 3319.39 or Childcare Center - 5104.013

|   | PAYMENT METHOD                      |                                  |                                    |           |  |  |
|---|-------------------------------------|----------------------------------|------------------------------------|-----------|--|--|
|   | □CASH                               | □Снеск#                          | DVIS                               | A/MAS     | STERCARD/AMEX  |  |
|   | INDIVIDUAL RESPONSIBLE FOR PAYMENT! |                                  |                                    |           |  |  |
| Applicant Informa                                 | ation: (Please print clearly;       | illegible writing will o         | delay delivery)                    |           |  |  |
| Name:   |                                     |                                  | SS Number:                         |           |  |  |
| Address:  |                                     |                                  | Date of Birth:                     |           |  |  |
| City, State, Zip:                                 |                                     |                                  | Email:                             |           |  |  |
| Daytime Phone Number: ( ) -                       |                                     |                                  | How did you hear about us?         |           |  |  |
| (Check or Results mailed to: Company/Agency Na    | •                                   | **ODJFS –Child<br>OLEDO – JUDITH | Care CTR*** HERB COLLE             | GE OF     | EDUCATION<br>dent Services – Gillham Hall  |  |
| City, State, Zip: Toledo, OH 43606                |                                     |                                  | Email: Melissa.Stewart@utoledo.edu |           |  |  |
| Reason for fingerprinting: CHILDREN/SCHOOL EMPLOY |                                     |                                  | ER 3319.39                         | OR        | CHILDREN/CHILDCARE 5104.013  |  |
| of the Ohio Bureau of Cri                         | e given National Background C       | igation (BCI&I), the Fe          | to obtain all crimina              | al histor | YS y information pertaining to me in the files on (FBI) (if requested), and release that                                   |  |
| Background Check, Inc. a                          |                                     | dual indicated above. I          | hereby release BC                  | I&I and   | al history information about me to National any and all individuals connected  |  |
| need to be re-fingerprinte                        | d. I understand this does not co    | onstitute a refund due to        | o charges incurred                 | by BCI&   | d readable by BCI&I, in which case I may<br>the I immediately after the data is transmitted.<br>In rejected a second time. |  |
|   | lt (those that contain a criminal   | arrest history) could ta         | ake up to (30) thirty              | busines   | result within (10) ten business days or stays before being forwarded to the  |  |
|   | Applicant Signature                 | •                                |                                    |           |  |  |
|   | Date:                               |                                  |                                    |           |  |  |
| FOR OFFICE USE ONLY SITE:                         | Prints Taken By:                    | Date Pro                         | cessed:                            | _         | Results Processed By:  |  |