

XUPD BCI/FBI Background Check Application

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Email Address _____

Sex	<input type="text"/>	Race	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Hair	<input type="text"/>	Eyes	<input type="text"/>
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Reason for background check:

Xavier address for results to be mailed to:

Direct Copy Options (Select only one)

- | | | |
|------------------------------------|--|--|
| Ohio Dept of Education | Ohio Board of Nursing | Ohio Medical Board |
| Ohio Dept of Public Safety | Ohio Department of Liquor Control | Ohio Veterinary Medical Licensing Board |
| BMV Dealer Licensing | BMV Deputy Registrar | Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| Ohio State Racing Commission | Ohio Department of Insurance | |
| State Vision Professionals Board | OPOTA | |
| Social Worker Board | State Speech and Hearing Professionals Board | |
| Child Care Center - Type A - ODJFS | Lottery Commission | |
| Ohio Construction Board | Ohio Board of Pharmacy | NONE |

I certify that the personal identifiers provided on this form are accurate. I voluntarily and knowingly authorize XUPD to submit information to the Ohio Bureau of Criminal Identification & Investigation (BCI) and the Federal Bureau of Investigation (FBI) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize the BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the contact address I have selected above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, FBI, Xavier University and the Xavier Police Department and their employees from all claims and liability related to this authorized criminal record review and dissemination. I also acknowledge that the results of this background investigation could affect my ability to participate in a Xavier University program, could affect my employment or potential employment with Xavier University or other entities or could result in a University code of conduct and/or criminal investigation.

Applicant's Name (please print) _____

Fingerprint technician (please print) _____

Applicant's Signature _____ (date)

Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature (Minor Applicants only) _____

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.