COLUMBUS STATE COMMUNITY COLLEGE - ECDE

INDIVIDUALS ARE RESPONSIBLE FOR PAYMENT

SITE: _____

Prints Taken By: _____



Date Processed: _____ Results Processed By: _____

REQUESTED BACKGROUND CHECK

BCI & FBI(\$72)	
PAYMENT MET CASH CHECK #	<u>γHOD</u> □VISA/MASTERCARD/AMEX
APPOINTMENT ID#:	
Applicant Information: (Please print clearly; illegible writing will delay	y delivery)
Name:	SS Number:
Address:	Date of Birth:
City, State, Zip:	Email:
Daytime Phone Number: (How did you hear about us?
Company/Agency Name: COLUMBUS STATE COMMUNITY COLLEGE - ECDE Address: 550 E Spring St., Union Hall 146 Attn: April Pace-Student Health Records	
City, State, Zip: Columbus, OH 43215 Email: ap	ace3@cscc.edu
• Reason for fingerprinting: CHILDREN/CHILDCARE – 5104.013	
RELEASE OF BACKGROUND I hereby certify that I have given National Background Check, Inc. permission to obof the Ohio Bureau of Criminal Identification and Investigation (BCI&I), the Federal information to the company/agency /individual indicated above.	otain all criminal history information pertaining to me in the files
By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing B Background Check, Inc. and the company/agency /individual indicated above. I here therewith from all liability in connection with the dissemination of such criminal his	eby release BCI&I and any and all individuals connected
I understand National Background Check, Inc. cannot guarantee that my fingerprint need to be re-fingerprinted. I understand this does not constitute a refund due to cha National Background Check, Inc. will assist me with the process to complete this ba	arges incurred by BCI&I immediately after the data is transmitted.
I understand that using the WEBCHECK System returns a "no hit" (those containin sooner or a "mailed" result (those that contain a criminal arrest history) could take u requested destination.	
Applicant Signature:	
Date:	