



Bureau of Criminal Investigation
P.O. Box 365
London, Ohio 43140

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to ND DHHS, Criminal Background Check Unit. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

Applicant's Name (please print)

Applicant's Signature (Date)

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)