



SELECTION.COM / ARCHDIOCESE OF CINCINNATI
Fingerprint Release Form



For Office Use Only TYPE OF PRINTS (check one): [] BCI only [] BCI and FBI [] FBI only
Results sent to Ohio Department of Education/Teacher Certification: Yes [] No []

The following information is required. Please complete all fields and PRINT legibly.

Legal Name: _____ / _____ / _____ Phone (____) - _____ - _____
First Name Middle Initial Last Name

Social Security # _____ - _____ - _____ Date of birth _____ Place of Birth _____

Street Address _____ City _____ State _____ Zip _____

List your primary Archdiocese of Cincinnati parish /school/ institution where you will work, the city, your role and your position.

Table with 4 columns: Parish/School/Institution, City, Role (ED, EM, P) *, Position (what you are doing there)

* ED = Certified Ohio Department of Education educator, aide or high school coach; EM = paid employee; P = Priest residing/ serving within the Archdiocese of Cincinnati

Are you currently or will you become any of the following (only applies to locations within the Archdiocese of Cincinnati):

Table with 4 columns: Yes, No, Description, ODE**

** If Yes, the fingerprint results will automatically be sent to the Ohio Department of Education for certification/ licensure requirements.

***The fingerprint results will automatically be sent to Ohio Department of Job and Family Services for certification / licensure requirements.

SELECTION.COM® BCI/FBI INQUIRY RELEASE:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize SELECTION.COM® (the WebCheck agency) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record check for information relating to me.

The authorization and waiver is valid for one year from the date this background check was conducted.

I have read the above disclosure and I hereby authorize the Archdiocese, its affiliated entities and authorized agents, and SELECTION.COM® or its authorized agents to obtain the above referenced information about me.

By initialing here, I acknowledge that I have reviewed ALL information on the WebCheck screen, including social security number, and I verify that it is correct. I understand that once the information is submitted, no changes can be made.

Applicant Signature: _____ Date: _____

Printed Name of Parent or Guardian (if Applicant is under 18) _____

Parent/Guardian Signature: _____ Date: _____