

JOHN CARROLL UNIVERSITY POLICE DEPARTMENT ^{1 John Carroll Boulevard} BACKGROUND CHECK INFORMATION FORM

The following information is required for completion of BCI / FBI background checks. All fields must be completed when you arrive for your appointment. A state issued driver's license, state issued identification card, or passport is required at the time of your appointment.

Last Name		First Na	MI									
Home Address			City			State	Zip					
SSN	Date of Birth	Sex	Race	Height	Weight	Eyes	Hair					
I have been a resident of the state of Ohio for the past five (5) years.												
I require only an Ohio BCI & I check			heck	🗌 I requ	uire both a	BCI & I ai	nd an FBI check					
Reason for fingerprinting (BCI checks ONLY)												
Reason for fingerprinting (FBI	checks ONLY)											

If the results of your background check need to be sent directly to any private or governmental organization, facility, or group please complete the following section.

MAIL RESULTS TO												
Person Receiving Results			Company Name									
Address			City		State	Zip						
Office Use Only Date Printed Time Printed Printed by (initials and unit #) Payment taken by (initials) Total Cost												
Payment Method JCUPD Does not accept American Express												
Cash		Credit Card		Bill To: (JCU	and GESU	J ONLY)						
Check		CC #										
Check #		Exp. date	Name									
Account #		Billing zip		Dept.								