

JOHN CARROLL UNIVERSITY POLICE DEPARTMENT 1 John Carroll Boulevard University Heights, OH 44118 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 Name							MI			
Home Address				City			State		Zip			
SSN	Date of Birth	Sex	Rac	ce	Height	Weight	Eyes	H	air			
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 req	uire both a	BCI & I a	and an I	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 (initi	als and unit #)	Payment taken by (initia	ls) To	tal Cost				
		Payment JCUPD Does not acco		press						
Cash		Credit Card		Bill To: (JCU	and GESU	J ONLY)				
Check		CC #								
Check #	_	Exp. date		Name						
Account #		Billing zip		Dept.						