

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.

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	Last Name		First N	First Name				
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orm	Home Address			City			State	Zip
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Personal Information	SSN	Date of Birth	Sex	Race	Height	Weight	Eyes	Hair
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	State of Ohio resident for the past five (5) years.							
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	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.							
	Direct Copy (If you results need to be sent to a Specific STATE OF OHIO BOARD, please select from the drop down							
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Results	MAIL RESULTS TO							
Re	Person Receiving Results		Co	mpany Name	;			
	Address			City			Ctata	7:
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OFFICE USE ONLY	Payment Method (JCUPD Does not accept American Express)							
FIC	Cash Credit Card							
OF	Check Bill To: (JCU & GESU ONLY) Name Dept.							