ONE TIME PRINT ONLY. DO NOT SAVE AND KEEP ON FILE FOR FUTURE USE.

Please always refer to the online version to ensure that you are using the most recent form. If an old version is brought in, you will be required to fill out a new one.

Revised 03/04/24

Yes

Yes

Yes

Yes

Yes

Yes

No

	ARCHDIOCE	Fingerp	ARCHDIOCESE OF CINC rint Release Form		
For Offic	ce Use Only TYPE	OF PRINTS (check one):	BCI only	BCI and FBI	FBI only
	Resul	ts sent to Ohio Departme	nt of Education/Teache	r Certification: Yes⊡	No 🗆
	The following	information is required	I. Please complete all	fields and PRINT legibly	
₋egal Nar	me: First Name	/ / Middle Initial	Last Name	Phone ()	
Social Security # Date of birth Place of Birth					
Street Ad	dress		_City	StateZip	
List your primary <u>Archdiocese of Cincinn</u> Parish/School/Institution		cinnati parish /school/ instituti City	on where you will work, the <u>c</u> Role (ED, EM, P) *	<u>sity, your role</u> and your <u>position</u> . Position (what you are doing there)	
	currently or will you be			loyee; P =Priest residing/ serving ons within the Archdiocese	
	Paid school bus or van	driver			No
Day Care Center employee (Child Daycare Center Owner, Licensed or Administrator Type A Daycare Home Owner			Yes***		
	Maintenance staff: administrative staff, cafeteria staff, before-school care, after-school care, or any other non- licensed school employee				
	Clerics residing/ serving women	with the Archdiocese of Cinc	cinnati - includes priests, se	minarians, deacons, religious	No

** 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.

COACHES - Follow the same fingerprinting rules as teachers. Need both sent to the AoC and ODE.

Non-paid student teacher or non-paid teacher doing pre-service field experience

Paid teaching, including non-tax supported teacher, School Personnel Holding a Pupil Services

SELECTION.COM[®] BCI/FBI INQUIRY RELEASE:

Church employees, parish staff

Paid teacher aide or paid classroom aide

Paid lunchroom monitor or paid playground monitor

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) to conduct a criminal record check for information relating to me. I voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider, or agency I have designated to receive the information. 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. I hereby release BCI and any and all individuals identified in this request from all liability in connection with the dissemination of such criminal history information.

License/Registration (school nurse, counselor, social worker, OT, PT, audiologist, psychologist, speech pathologist) Paid substitute teacher (substitutes are cleared for all schools and do not need to list school(s) individually above)

Pupil Activity Supervisor, Athletic Director or Coach - THIS APPLIES TO ALL PAID / VOLUNTEER HIGH SCHOOL

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. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

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. I also understand and agree that if any of the information is incorrect, I will need to be fingerprinted again and that I will be solely responsible for any associated costs.

Δr	n	licant	Signature:	
Πμ	γP	iicaiii	Signature.	

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

Parent/Guardian Signature:

Date:	

Date:

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