# BCI/FBI Background Check Waiver Connie Redpath, Malone University Business Office 330-471-8446

 **credpath@malone.edu**

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| 1. Personal Information (Please print.) \_\_\_\_Copies  |
| **Legal Name** |  |
| **Phone Number** |  | **Email** |  |
| **Last 4 digits of****my social security number** | **Class Level****\_\_\_\_\_\_\_\_** | **Anticipated Graduate Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2. Department (students only)** |  |  |
| **\_\_\_Comm. Arts** | **\_\_\_Nursing** | **\_\_\_America**  | **Reads/Federal Work Study Job** |
| **\_\_\_Counseling** | **\_\_\_Social Work** | **\_\_\_Government** |  |
| **\_\_\_Education** | **\_\_\_Theology** | **\_\_\_Other**  |  |
|  |  |  |
| **Please send background check to:**\_\_\_**Ohio Dept. of Education** | **\_\_\_Ohio Board of Nursing** | **\_\_\_CSWMFT Board** |

 \_\_\_ **Nursing student entering/finishing my senior year. Send my background check to Ohio Board of Nursing.**

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| 3) Violations |
| **Other than minor traffic violations, have you ever been charged, arrested, and/or convicted of a crime under civilian or military law? \_\_\_Yes \_\_\_No****If “yes”, please explain, including year of occurrence.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 4) Legal Authorization  |
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| **I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize A1 Background Check on behalf of Malone University to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI & I) to conduct a criminal records check for information relating to me.****I voluntarily and knowingly authorize BCI & I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to A1 Background Check provider or agency I have designated to receive this information.****I voluntarily and knowingly release and discharge the Ohio Attorney General’s Office, BCI & I, Malone University, and their employees from all claims and liability related to this authorized criminal record review and dissemination.****This authorization and waiver is valid for one year from the date this background check was conducted.****I also grant permission for this criminal history information about me to be released to the appropriate agency or institution in which I may be performing a service as part of my education or employment at Malone University.****I also authorize A1 Background Check to release all background check information obtained to Malone University.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Full Legal Signature Date*** |

## Office Use Only:

\_\_\_BCIO $37 \_\_\_Do not Bill – CK#\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Cash Payment (Exact Change) To A1 Background Check

\_\_\_FBIO $39 \_\_\_Bill to Student Account

\_\_\_BFBI $65 \_\_\_Bill to FWS - 6747 Revised 08-04-2021