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

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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