ONE TIME PRINT ONLY. DO NOT SAVE AND KEEP ON FILE FOR FUTURE USE. **Revised 3/3/23**

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.

SELECTiON.COM / ARCHDIOCESE OF CINCINNATI
Fingerprint Release Form

For Office Use Only **TYPE OF PRINTS (check one):** ☐ **BCI only** ☐ **BCI and FBI** ☐ **FBI only**

Results sent to Ohio Department of Education/Teacher Certification: **Yes☐** **No ☐**

The following information is required. Please complete all fields and PRINT legibly.

Legal Name: _____/_____/_____ Phone (_____)-_____-_____
First Name Middle Initial Last Name

Social Security #---------- _____ Date of birth_____ Place of Birth _____

Street Address_____City_____State_____Zip_____

List your primary **Archdiocese of Cincinnati** parish /school/ institution where you will work, the **city**, your **role** and your **position**.

Parish/School/Institution	City	Role (ED, EM, P) *	Position (what you are doing there)

*** ED** = Certified Ohio Department of Education educator, aide or high school coach; **EM** = paid employee; **P** = Priest residing/ serving within the Archdiocese of Cincinnati

Are you currently or will you become any of the following (only applies to locations within the Archdiocese of Cincinnati):

Yes	No		ODE**
		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	No
		Clerics residing/ serving with the Archdiocese of Cincinnati - includes priests, seminarians, deacons, religious women	No
		Paid teaching, including non-tax supported teacher, School Personnel Holding a Pupil Services License/Registration (school nurse, counselor, social worker, OT, PT, audiologist, psychologist, speech pathologist)	Yes
		Paid substitute teacher (substitutes are cleared for all schools and do not need to list school(s) individually above)	Yes
		Paid teacher aide or paid classroom aide	Yes
		Paid lunchroom monitor or paid playground monitor	Yes
		Pupil Activity Supervisor, Athletic Director or Coach - THIS APPLIES TO ALL PAID / VOLUNTEER HIGH SCHOOL COACHES - Follow the same fingerprinting rules as teachers. Need both sent to the AoC and ODE.	Yes
		Non-paid student teacher or non-paid teacher doing pre-service field experience	Yes

** 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.

SELECTiON.COM® BCI/FBI INQUIRY RELEASE:

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.

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.

Applicant Signature: _____ Date:_____

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

Parent/Guardian Signature: _____ Date:_____

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