



Kent State University at Stark

Background Check Request

**** Schedule an appointment with KSU Stark Campus Security here: [Book Appointment](#)****

Please select type requested: ☐ BCI Only (\$28) ☐ FBI Only (\$34) ☐ BCI and FBI (\$62)

Payment required prior to appointment. [Make Secure Payment Here](#)

Personal Information (please type or print clearly)

Name: _____ Professor/Program Advisor _____

Current Address: _____

☐ Check if you have lived at this address at least 5 years

Phone: _____ KSU email: _____ Campus: ☐ Stark ☐ Tuscarawas

Consult your professor before your appointment to confirm you request the correct type of background check.

Check	Program	Subsection	Type	Code	Reason / Description
	Education	Day Care Center	BCI	5104.013	Employee, Owner, Licensee, Admin in Type A, B Home or in-home aide
		Day Care Center	FBI	CCDBGA	Child Care and Development Block Grant Act of 214 employee, ODJFS use only
	Education	Field Experience	BCI	3319.39B1	School Employees – nonteaching positions
		Field Experience	FBI	3319.39	Pub School District/Chartered Nonpublic School Employees/School Bus Drivers
	Education	Student Teaching	BCI	3319.39B3	School Employees – teachers only
		Student Teaching	FBI	3319.39	Pub School District/Chartered Nonpublic School Employees/School Bus Drivers
	Nursing	Clinicals	BCI	4723.09	Nurses (RNs, LPNs, dialysis techs, students entering nursing Ed or dialysis)
		Clinicals	FBI	4723.09	Nurses (RNs, LPNs, dialysis techs, students entering nursing Ed or dialysis)

NEED A COPY SENT DIRECTLY / ELECTRONICALLY TO A BOARD? PLEASE MARK BELOW AND ADVISE OPERATOR!

<input checked="" type="checkbox"/>	Ohio Board of Nursing	<input checked="" type="checkbox"/>	Ohio Department of Education	<input checked="" type="checkbox"/>	ODJFS
	FBI/BCI 4723.09 (License)		FBI/BCI 3319.291 (License)		Child Care Center/Type A- ODJFS
			3319.39 B1 (School Emp – Nonteaching)		
			3319.39B3 (School Emp – Teachers Only)		

Do results need to be sent to other than the permanent address above? (Generally, Not) ☐ Yes ☐ No

If yes, provide COMPLETE Address: _____

I certify the personal identifiers provided will be accurate and I voluntarily and knowingly authorize Kent State University at Stark to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge Kent State University, the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver are valid for one year from the date the background check is conducted. Kent State Stark Campus Safety and Security is not responsible for any information provided that is incorrect/inaccurate.

Applicant's Name Signature _____

Date _____

Parent/Guardian Signature (Minor Applicants Only) _____

Date _____

Bring this form, your ID and your Social Security Number to your appointment.

CAMPUS SAFETY AND SECURITY OFFICE USE ONLY

Amount _____

Security Officer Initials: _____

PAYMENT: ☐ Student ☐ Index _____ ☐ IDC _____ CashNet Conf # _____ ☐ USPS