

UNIVERSITY OF DAYTON  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

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*Personal Information of person to be fingerprinted (Please print):*

Name: \_\_\_\_\_ UD ID Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Note: Full Social Security Number will be required at time of printing.

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*Purpose of background check (check one):*

SOEHS course requiring fingerprinting  Service Organization   
Employment  Licensure  Other  \_\_\_\_\_

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*Please provide applicable information for the UD Department, SOEHS Course Number, Licensure, Service Organization or Employer requiring Fingerprints:*

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
SOEHS course #: \_\_\_\_\_

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*Where would you like the results mailed?*

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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*If the University of Dayton is paying for the fingerprinting, please complete:*

Department Name : \_\_\_\_\_  
FOAPAL String # for Billing : \_\_\_\_\_  
Authorized Billing Signature: \_\_\_\_\_

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*Agency to Direct Copy (check one):*

Ohio Dept. of Education  Child Care Ctr. Type A – ODJFS Day Care Ctr. Type A   
Social Work Board  Ohio Dept. of Public Safety   
Occupational, Physical Therapy Athletic Training  None   
Other Agency  \_\_\_\_\_

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Signature of person Fingerprinted: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Public Safety Fingerprinter: \_\_\_\_\_ Date: \_\_\_\_\_

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Background Check to be performed (Check one) FBI/BCI  BCI ONLY  FBI ONLY