

SCHOOL FINGERPRINTING REQUEST FORM

SCHOOL NAME: Vantage Career Center

Employee name (please print): _____

This person needs the following prints taken for our organization:

BCI FBI BOTH BCI & FBI

Reason for background check: (Be specific)

BCI (state) reason codes: please check one

3319 291 School Employees – licensure with ODE (teachers, aides, school administrators, paid coaches)

3319 39B1 School employee, non-teaching positions (cafeteria, custodial, secretaries)

3327 10 School bus driver

FBI (federal) reason codes: please check one

3319.39 Public School District (includes parochial schools) – all employees include office staff, custodians, cafeteria workers, bus drivers

3319.291 School Employees - licensure with ODE (teachers, aides, school administrators, paid coaches)

Direct mail these results to: OHIO DEPARTMENT OF EDUCATION: Yes No

SCHOOL ADDRESS WHERE RESULTS NEED SENT:

Vantage Career Center

Attn: Dianna Ashbaugh, Asst. Treasurer

818 N. Franklin St.

Van Wert, OH 45891

School volunteers fall under the following codes:

BCI: NO ORC: Other: (must type specific reason) _____

(school volunteer, volunteer coach, parent on field trip, etc.)

FBI: NCPA/VCA: Volunteer Children's Act

CASH or PERSONAL CHECK FOR PAYMENT: \$30 FOR ONE, \$60 BOTH_

(Make check payable to: **Western Buckeye ESC**)

Who is responsible for payment: _____ school _____ individual