



Educational Service Center
of Lorain County

1885 Lake Avenue, Elyria, Ohio 44035
Phone: (440) 324-5777 Fax: (440) 324-7355

I authorize the ESC to bill our organization/school

Authorized signature from organization/school
Check which criminal record is needed below

Printing Hours:

Monday – Friday 8:00 am - 4:00 pm (Sept. – May)
8:00 am - 3:00 pm (June – Aug)

Call 440-324-5777 to schedule/cancel an appointment

MOISTURIZE HANDS prior to appointment

Mail My Results to:

Organization: _____

Attention: _____

Street Address: _____

City, State, Zip: _____

CRIMINAL RECORDS CHECK

✓ (Please know what you need *before* appointment)

- BCI (Ohio) ONLY \$32.00
- FBI (Federal) ONLY \$34.00
- BCI & FBI \$60.00

**No Credit Cards
Accepted**

ITEMS NEEDED AT APPOINTMENT

- This form completed
- Drivers License or State ID Card
- Form of Payment:
 - ✓ Cash
 - ✓ Money Order
 - ✓ Check payable to ESCLC

NAME:

_____ (Last) (First) (Middle Initial)

STREET ADDRESS:

CITY, ZIP

DATE OF BIRTH:

SOCIAL SECURITY # _____

PHONE NUMBER:

I have verified my social security number is entered
in the printing system correctly _____ (initials)

I hereby certify that I have given _____ permission to obtain a

Agency name that is sending you to get printed.

copy of any arrest or conviction record pertaining to me in the file of the Ohio Bureau of Criminal Identification/

Federal Investigation for the purpose of being a _____.

Reason for printing (ex: teacher, sub, child care, volunteer, etc.)

I understand that, if the release is statutorily required as a condition of employment, or being a volunteer, the Educational Service Center of Lorain County will be provided with any additional arrest or conviction record pertaining to me entered into the files of the Ohio Bureau of Criminal Identification Investigation for a period of one (1) year following the date of the execution of this release. I hereby release Ohio Bureau of Criminal Identification/Federal Investigation, the Educational Service Center of Lorain County, and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Signature: _____ **Date** _____

Direct Copy to (check if applicable): OH Dept. of Education ODJFS Type A Daycare

Office Use Only: Cash _____ Check _____ Money Order _____ Billed _____

Email: _____