



EDUCATIONAL SERVICE CENTER
of Lorain County

1885 Lake Ave, Elyria
Phone: 440.324.5777 Fax: 440.324.7355
Email: printing@esclc.org

FINGERPRINTING HOURS:

Monday - Friday 8:00am – 3:00pm
Appointment required

I authorize the ESC to bill our organization/district

N/A

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

SCHEDULE AN APPOINTMENT:

ONLINE: <https://escfingerprinting.as.me/>

-or- CALL: 440.324.5777

Scan to schedule using phone



PLEASE COMPLETE STEPS 1-5 ELECTRONICALLY

1. CHECK WHICH CRIMINAL RECORDS CHECK IS NEEDED:

- BCI (Ohio) only** \$32
 - FBI (Federal) only** \$34
 - BCI & FBI** \$60
- CASH, CHECK, OR MONEY ORDER ONLY.
NO CREDIT/DEBIT CARDS**

2. CHECK DIRECT COPY MAIL TO (if applicable):

- ODE ODJFS Type A Daycare Board of Nursing OH Dept of Pharmacy Social Work Board
- Occ./Phy. Therapy BMV Dealer

3. COMPLETE YOUR INFORMATION:

| | | | |
|------------------------------|---------------------------|-------------------------------------|---------------------------|
| FIRST NAME: | Click here to enter text. | LAST NAME: | Click here to enter text. |
| STREET ADDRESS: | Click here to enter text. | CITY, ZIP: | Click here to enter text. |
| DATE OF BIRTH: (MMDDYYYY) | Click here to enter text. | SOCIAL SECURITY #: (xxx-xx-xxxx) | Click here to enter text. |
| PHONE NUMBER: | Click here to enter text. | JOB TITLE: | Click here to enter text. |

(ex: teacher, volunteer, bus driver, sub, nurse, etc)

4. MAIL MY RESULTS TO:

| | |
|-----------------------------|---|
| ORGANIZATION/DISTRICT NAME: | FIRELANDS LOCAL SCHOOL DISTRICT |
| STREET ADDRESS: | If a Lorain County School District – do not enter address |
| CITY, STATE, ZIP | If a Lorain County School District - do not enter address |

I hereby certify that I have given the above organization/district permission to obtain a copy of any arrest or conviction record pertaining to me in the file of the Ohio Bureau of Criminal Identification/Federal Investigation.

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 (ESCLC) will be provided with any additional arrestor conviction record pertaining to me entered into the files of the Ohio Bureau of Criminal Identification Investigation for a period of one year following the date of the execution of this release. I hereby release Ohio Bureau of Criminal Identification/Federal Investigation, the ESCLC and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Signature: _____

Date: _____

SIGN and DATE AT YOUR APPOINTMENT:

By signing, you are agreeing that the information on our computer screen is entered correctly by the fingerprinting agent.

5. SAVE AND EMAIL FORM: Save as your last name and email as attachment to printing@esclc.org.

BRING THE FOLLOWING 3 ITEMS TO YOUR APPOINTMENT:

- 1. Photo ID (Driver's License/State ID)
- 2. Payment (NO credit/debit cards)
- 3. Facial Covering (mask)

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