I authorize the ESC to bill our organization/district

 **Authorized signature from organization/district**



**1885 Lake Ave, Elyria**

Phone: 440.324.5777 Fax: 440.324.7355

Email: printing@esclc.org

 ORC# if applicable: Click here to enter text.

**FINGERPRINTING HOURS:**

Monday - Friday 8:00am – 3:00pm



**SCHEDULE AN APPOINTMENT:**

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

*-or-* CALL: 440.324.5777

***PLEASE COMPLETE STEPS 1-6***

***AND SUBMIT FORM VIA EMAIL***

 PLEASE NOTE:

\*If under age 18: A parent/guardian must

 accompany to appt.

\*If cards are needed, call 440.324.5777 to

 schedule appt. and mention you need cards.

\* Cannot complete checks for:

 Concealed Weapon or Hazmat

1. **CRIMINAL RECORDS CHECK NEEDED:**



**CASH, CHECK, OR**

**MONEY ORDER ONLY.**

**NO CREDIT/DEBIT CARDS**





1. **CHECK DIRECT COPY MAIL TO (if applicable):**



**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) | Can type now or write at appt. |
| PHONE NUMBER: | Click here to enter text. | JOB TITLE:*(ex: teacher, volunteer, bus driver, sub, nurse, etc)* | Click here to enter text. |

1. **MAIL MY RESULTS TO:**

|  |  |
| --- | --- |
| ORGANIZATION/DISTRICT NAME: | Click here to enter text. |
| 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(BCI) for a period of one year following the date of the execution of this release. I hereby release BCI/FBI, the ESCLC and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Signature: Date:

DO NOT type your name. Sign at your appt.

**5. BRING THE FOLLOWING ITEMS TO YOUR APPOINTMENT:**

1. Photo ID (Driver’s License/State ID) 3. Payment (NO credit/debit cards)

2. Facial Covering (mask) 4. Ohio Reason Code# (ORC) given by your employer, if applicable

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

*Office Use Only:*

*The Fingerprinting Agent verified with you that the above information was entered correctly on our computer screen before processing. Initials \_\_\_\_\_\_*

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