

**Scioto County Sheriff's Office
Request Form For
Civilian Fingerprint Background Check**

Requesting Agency: Scioto County Health Department
Attention: Amber Gustin
612 6th Street Ste. D
Portsmouth, Ohio 45662

Person To Be Fingerprinted: _____
(Must present a Driver License or State I.D.)

Social Security Number of
Person To Be Fingerprinted: _____
(Required)

Type of Fingerprint Background Check Requested:
(please indicate which fingerprint check you are requesting by placing an X in the appropriate box)

- Ohio Check Only (\$32.00 fee)
 FBI Check Only (\$36.00 fee)
 Ohio & FBI Check (\$63.00 fee)

BCI Reason Fingerprint Code:

(please specify - see NOTE below)

FBI Reason Fingerprint Code:

(please specify - see NOTE below)

NOTE: Fingerprint codes are "required" and may be obtained by accessing the following website link:
<https://www.ohioattorneygeneral.gov/backgroundcheck>. BCI Reason Fingerprint Codes and
FBI Reason Fingerprint Codes are listed under the "Publications" icon.

By signing below I acknowledge I am requesting that the above fingerprint background check be conducted and I understand that the results will be mailed directly to the address noted above. I also understand I am financially responsible for paying the fees associated with this request.

Signature

Date