



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

FINGERPRINTING HOURS:
Monday, Weds & Fri 12:00pm - 4:00pm
Tuesday & Thursday 8:00am - 1:00 p.m.

I authorize the ESC to bill our organization/district
NOT APPLICABLE

Authorized signature from organization/district
ORC# if applicable: Click here to enter text.

SCHEDULE AN APPOINTMENT:

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

-or- CALL: 440.324.5777



1. CRIMINAL RECORDS CHECK NEEDED:

- BCI (Ohio) \$32
FBI (Federal) \$34
BCI & FBI \$60

CASH, CHECK, OR
MONEY ORDER ONLY.
NO CREDIT/DEBIT
CARDS

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

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 Other

ORC CODE:

3. COMPLETE YOUR INFORMATION:

Form with fields: FIRST NAME, LAST NAME, STREET ADDRESS, CITY, ZIP, DATE OF BIRTH, SOCIAL SECURITY #, PHONE NUMBER, JOB TITLE

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

4. MAIL MY RESULTS TO:

Form with fields: ORGANIZATION/DISTRICT NAME, STREET ADDRESS, CITY, STATE, ZIP, Phone Number

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.

Signature: DO NOT type your name. Sign at your appt.

Date:

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

6. 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 #