



Background Check Release Form
Fax Completed Form to 614-635-2879
Email: sbaumann@fastfingerprints.com
Questions? Call 877-932-2435

Applicant Information: Please print clearly; illegible writing will delay delivery

First Name: Middle Name: Last Name:

Address: City: State: Zip:

SSN: Date of Birth (MM/DD/YYYY)

Sex: M / F (please circle one) Race: Black / Asian / White / Native American/ Unknown (please circle one)

Email:

I hereby certify that I have given National Background Check, Inc. (NBCI) permission to conduct a criminal history search on myself. I understand that this search may include, but is not limited to, information related to my driving history, credit worthiness and criminal history. I hereby authorize any individual/agency to release any and all information they may have to the National Background Check, Inc. for the purpose of conducting said background check. I agree to release all such parties from any and all liability for any damage that may arise from the release of said information. I understand that some information that is obtained by NBCI is derived from public records and misidentifications based upon name and other identifiers can occur. By signing this release, I agree that NBCI is not responsible for any inaccuracies that may be found and that I will address any inaccuracies that may arise with the reporting entity. Furthermore, I agree that NBCI may release any and all information that is obtained in the course of the background check to the organization listed below (if applicable), to be used in accordance with any and all applicable laws.

\*Applicant Signature: Date:

\*\*\*Please place an "X" next to the reports to be conducted\*\*\*

National Sex Offender Search - \$10

SSN Trace - \$15

Motor Vehicle Records Search - \$7.50 (+ State Fee)

Issuing State: Driver License #:

National Criminal - \$20

Education Verification - \$20

Institution Name: Campus Location (city, state):

Major: GPA: Attendance Dates:

Degree/Diploma: Date Received:

Employment Verification - \$20

Company Name: Location (city, state):

Supervisor Name: Supervisor's Title:

Phone Number: Date's Employed:

Starting Title: Ending Title:

Reason for Leaving:

Professional License Verification - \$20

Type of License: License Number (if applicable):

State Issued: Date Issued:

**Criminal Court Searches**

\_\_\_\_\_ County Search - \$20

County: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Statewide (Pricing Varies)

State: \_\_\_\_\_ (States Excluded: AR, CA, LA, NV, OH, WV, WY, PR)

\_\_\_\_\_ Felony & Misdemeanor (Price Varies) \_\_\_\_\_ Felony Only (Price Varies) \_\_\_\_\_ Misdemeanor Only (Price Varies)

\_\_\_\_\_ Upper Civil Only (\$20) \_\_\_\_\_ Lower Civil Only (\$20) \_\_\_\_\_ Federal Criminal (\$15)

\_\_\_\_\_ OFAC Security Watch List - \$15

\_\_\_\_\_ OIG Healthcare FACIS Level 1 - \$14

\_\_\_\_\_ OIG Healthcare FACIS Level 3 - \$18

\*Email address which results are being sent to: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*Payment Information**

Credit Card Number (Visa, MC, AmEx): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

\*Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_