

**UNIVERSITY OF DAYTON  
DEPARTMENT OF PUBLIC SAFETY  
FINGERPRINTING INFORMATION**

Ohio Dept. of Education/Public School District or Chartered Non-Public School District  
 Ohio Dept. of Public Safety  
 Ohio Dept. of Child Care Center Type A – ODJFS/Day Care Center Type A

Mail Directly to:  
Organization \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

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**\*SOEHS course requiring fingerprinting:**

Course Number & Title \_\_\_\_\_ Undergraduate  Graduate   
Student Name (*Please Print*) \_\_\_\_\_ UD ID Number \_\_\_\_\_  
Email \_\_\_\_\_ Cell Number \_\_\_\_\_  
  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*Service organization requiring fingerprinting**

Organization Name \_\_\_\_\_  
Your Name (*Please Print*) \_\_\_\_\_ UD ID Number \_\_\_\_\_  
Email \_\_\_\_\_ Cell Number \_\_\_\_\_  
  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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**\*Employment & licensure requiring fingerprinting**

Employer Name (*Please Print*) \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Your Name (*Please Print*) \_\_\_\_\_ UD ID Number \_\_\_\_\_  
Email \_\_\_\_\_ Cell Number \_\_\_\_\_  
  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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**If University of Dayton department is paying for fingerprinting:**

Account Number: \_\_\_\_\_ Department: \_\_\_\_\_  
  
Authorized Signature for Account: \_\_\_\_\_  
Authorized Signer for Account (Print): \_\_\_\_\_

\*No Authorized signature or account information is required if person fingerprinted paid for fingerprints.

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UD Employee Fingerprinter's Signature \_\_\_\_\_ Date \_\_\_\_\_

BCI/FBI                       BCI only                       FBI only