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: __________________________________________________

*SOEHS course requiring fingerprinting:

Course Number & Title ________________________________ Undergraduate □ Graduate □
Student Name (Please Print) ___________________________ UD ID Number ________________
Email ____________________________________________ Cell Number ________________

Student Signature ___________________________ Date ___________

*Service organization requiring fingerprinting

Organization Name ___________________________________
Your Name (Please Print) ___________________________ UD ID Number ________________
Email ____________________________________________ Cell Number ________________

Your Signature ___________________________ Date ___________

*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 ___________

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.

________________________________________________     ________________________
UD Employee Fingerprinter’s Signature             Date

□ BCI/FBI           □ BCI only           □ FBI only