

**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
- Occupational, Physical Therapy, Athletic Training
- Social Work Board

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 or License Board (*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