



Request for a Background Check via Electronic Webcheck

BCI: \_\_\_\_\_ FBI: \_\_\_\_\_ BCI & FBI: \_\_\_\_\_

Personal Information (please print):

NAME: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_
SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_
EMAIL: \_\_\_\_\_
DOB: \_\_\_\_\_ PAID: \_\_\_\_\_

Complete this portion only if an FBI background check is needed:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Reason for background check (be specific):

\_\_\_\_\_
\_\_\_\_\_

ORC Code/Codes (if known) \_\_\_\_\_

Where should the results of this background check be sent?

Agency Name: \_\_\_\_\_
Attn: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Bill to (if applicable): \_\_\_\_\_

Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and Investigation (BCI & I) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI & I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to \_\_\_\_\_. I voluntarily and knowingly release and discharge the Medina County Sheriff's Office, Ohio Attorney General's Office, BCI & I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Direct Copy options (Check Only One):

- BMV Dealer Licensing
BMV Deputy Registrar
Childcare Center/TypeA ODJFS
Construction Board
Lottery Commission
OPOTA (Ohio Peace Office Training Academy)
Occupation/Physical Therapy, Athletic Training
Ohio Board of Nursing
Ohio Board of Pharmacy
Ohio Board of Agriculture - Hemp Program
Ohio Dept. of Education
Ohio Dept. of Liquor Control
Ohio Dept. Public Safety/PISG
Ohio Dept. of Insurance
Ohio Div. of Real Estate & Professional Licensing
Ohio Medical Board
Ohio Racing Commission
Ohio State Dental Board
Ohio Veterinary Medical Licensing Board
Ohio Dept. of Commerce
Social Work Board
None
State Speech & Hearing Professionals Board
State Vision Professionals Board

Please read and initial below:

I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.
I have reviewed the FBI Noncriminal Justice Applicants Privacy Rights letter. I was offered a copy of the Privacy Rights letter and:
Declined it. Took it with me.