

WEBCHECK FINGERPRINT INFORMATION

Please mark type(s) requested:

BCI – STATE OF OHIO

FBI - NATIONAL

Date: _____

LAST FIRST MIDDLE

DATE OF BIRTH RACE SOCIAL SECURITY #

CURRENT ADDRESS TELEPHONE #

CITY STATE ZIP CODE

O.R.C. 2717.19 **BCI – 271719 and FBI – 271719**

TYPE OF JOB/SCHOOLING *(Reason for fingerprinting)*

OHIO RESIDENT MORE THAN 5 YEARS YES NO

ELECTRONIC DIRECT COPY TO: *(check only if applicable)*

| | |
|--------------------------|-----------------------------|
| NONE | OHIO DEPT PUBLIC SAFETY |
| OHIO BOARD OF NURSING | OHIO PEACE OFFICER TRAINING |
| OHIO DEPT OF EDUCATION | OHIO DEPT OF INSURANCE |
| OHIO DEPT LIQUOR CONTROL | OHIO RACING COMMISSION |

RESULTS MAIL TO ADDRESS: *(MUST BE BUSINESS/SCHOOL ADDRESS)*

Judge John M. Holcomb, Butler County Probate Court

RECIPIENT NAME

101 High Street, Second Floor

RECIPIENT ADDRESS

Hamilton **Ohio** **45011**
CITY STATE ZIP CODE

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency _____ to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

SIGNATURE: _____

By signing this form applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Agency Use Only: _____