

# Webcheck Fingerprint Information

**Please mark type(s) requested:**

- BCI – State Of Ohio**
- FBI - National**

Date: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Date of Birth Social Security # Sex Race Height Weight Hair Eyes

\_\_\_\_\_  
Current Address Telephone Number

\_\_\_\_\_  
City State Zip Code

O.R.C. Code - Reason for Fingerprinting

**Ohio resident more than five (5) years** YES NO

Electronic direct copy to: *(check only if applicable)*

None	Occupational Therapy, Physical Therapy and Athletic Trainers Board	Ohio Dept. of Insurance	Ohio Veterinary Medical Licensing Board
BMV Dealer Licensing	Ohio Board of Nursing	Ohio Dept. of Liquor Control	OPOTA
BMV Deputy Registrar	Ohio Board of Pharmacy	Ohio Dept. of Public Safety	Social Worker Board - CSWMFT
Child Care Center - Type A- ODJFS	Ohio Construction Board	Ohio Medical Board	State Speech & Hearing Professionals Board
Lottery Commission	Ohio Dept. of Education	Ohio State Racing Commission	State Vision Professionals Board

**Results Mailed to Address: *(must be business / school address)***

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
Recipient Address

\_\_\_\_\_  
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 (CXV656 - Butler County Sheriff) 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.**