



## WebCheck Fingerprint Authorization Form

The University of Toledo Police Department  
3333 Dorr Street – Public Safety Center – Toledo, OH 43607  
[VMFingerPrinting@utoledo.edu](mailto:VMFingerPrinting@utoledo.edu)

☐

BCI  
Ohio Check

☐

FBI  
Nationwide Check

☐

FBI & BCI  
Nationwide & Ohio Check

☐

Roll-Out  
Cards

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ (N/A if None)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please complete this box:

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

I am having my results (Circle): PRINTED DIRECT MAILED

Reason / Code for background check (be specific):

Address for results to be mailed (allow 30 days) or Campus  
location to be delivered to (Note: mailed results cannot be printed)

Include ORC Code: \_\_\_\_\_

Click Link for Code List: [FBI](#) - [BCI](#)

Before background services can be completed, payment must be rendered or secured. Please indicate how payment for today's background services will be remitted to the University of Toledo Police Department:

Self-Pay Payment Confirmation Number: \_\_\_\_\_ Third Party Payer: \_\_\_\_\_

### Direct Copy Options (Circle one, if applicable):

Ohio Dept of Education  
Social Work Board  
BMV Deputy Registrar  
Ohio Board of Pharmacy  
Ohio Dept of Public Safety  
Child Care Center ODJFS  
Ohio Dept of Insurance

Ohio Medical Board  
BMV Dealer Licensing  
Ohio Construction Board  
OPOTA  
Ohio Veterinary Medical Licensing Board  
Ohio State Racing Commission  
Ohio Board of Nursing

Lottery Commission  
OT, PT, Athletic Trainers Board  
State Vision Professionals Board  
Ohio Dept of Liquor Control  
State hearing and Professionals Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to capture electronic images of my fingerprints and/or conduct a criminal record 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 (Who is receiving results?) \_\_\_\_\_. 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. By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Applicant Name (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name (Print Name) \_\_\_\_\_

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

If Minor: Parent/Guardian Name (Print Name) \_\_\_\_\_

If Minor: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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