



WebCheck Fingerprint Authorization Form

University of Toledo Police Department
Public Safety Center
3333 Dorr Street, Toledo, OH 43607
419.530.4439
VMFingerPrinting@utoledo.edu

BCI Only \$40
(Ohio Check)

Both BCI & FBI \$75
(Nationwide & Ohio Check)

FBI Only \$50
(Nationwide Check)

Roll-Out Cards \$25
(Up to 3 cards)

PAYMENT: Before background services can be completed, payment must be rendered or secured. Please choose how payment will be rendered and provide either payment confirmation number or Third-Party Payer details. (To PAY NOW click **HERE**).

Payment Type: _____ Payment Confirmation Number or Third-Party Name/Account: _____

PERSONAL INFORMATION:

Name: _____ DOB: _____ SSN: _____ (N/A if None)

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Type Photo ID: _____ ID Number: _____ Email: _____

(FBI & Roll) Sex/Gender: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

RESULTS: *I am having my results:*

PRINTED
(I will pick up)

EMAILED
(Ohio Recipients Only)

MAILED
(Allow 30 days)

DIRECT COPY
(To State Board/Dep't)

RECIPIENT: If Direct Copy option is "None" or if the Direct Copy option allows for a secondary copy – Who is receiving the results? Recipient Name(s), Mailing Address /Campus Location / Email Address(es). Note: Mailed results cannot be printed or emailed.

DIRECT COPY OPTIONS (Direct to a State of Ohio Board/Department)

Choose Only One:

- Ohio Dept of Agriculture – Hemp
- Ohio Dept of Insurance
- Ohio Division of Real Estate & Professional Licensing
- BMV Dealer Licensing
- Ohio Dept of Liquor Control
- Social Work Board
- BMV Deputy Registrar
- Lottery Commission
- State Speech & Hearing Professionals Board
- Child Care Center – Type A – ODJFS
- Ohio Medical Board
- Ohio Veterinary Medical Licensing Board
- Ohio Department of Commerce – MMCP
- OPOTA
- State Vision Professionals Board
- Construction Board, Ohio
- OT/PT/AT Board
- NONE
- Ohio Dept of Education
- Ohio Board of Pharmacy
- Ohio State Racing Commission

REASON for background (Be specific): _____

Ohio Revised Code (ORC) reason requiring background:

BCI _____

FBI _____

(Use the BCI/FBI links **next to each box above** to look up ORC Reason Code if unknown)

If the above reason is "Law Enforcement" – specify job title: _____

If the above reason code is "Other" – you must specify the actual reason: _____

WAIVER

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to

(Recipient Name) _____

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI 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 following the signature date below.

Applicant Name (print): _____ **Applicant Signature:** _____ **Date:** _____

Witness Name (print): _____ **Witness Signature:** _____ **Date:** _____

For Minors:

**Parent/
Guardian Name (print):** _____ **Parent/Guardian Signature:** _____ **Date:** _____

Please Read and Initial (at time of appointment)

_____ 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 information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Accepted it

_____ Declined it

_____ Requested Email copy