



WebCheck Fingerprint Authorization Form
 The University of Toledo Police Department
 3333 Dorr Street – Public Safety Center – Toledo, OH 43607
 419.530.4439
VMFingerprinting@utoledo.edu

BCI **FBI** **FBI & BCI** **Roll-Out**
 Ohio Check Nationwide Check Nationwide & Ohio Check Cards

Name: _____ **DOB:** _____ **SSN:** _____ (N/A if None)
Address: _____ **City:** _____ **State:** _____
Zip Code: _____ **Telephone:** _____ **Email Address:** _____
Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eyes:** _____ **Hair:** _____

RESULTS: I am having my results: **PRINTED** **EMAILED** **MAILED** **DIRECT TO STATE**

NOTE: (Email option for Ohio Recipients Only)

RECIPIENT: Who is receiving the results? Recipient Name; Mailing Address, Campus location/Email Address(es) to be delivered to (Note: Mailed results cannot be printed and can take up to 30 days)

Reason for background check (be specific):

Include **ORC Reason Code(s):** _____
 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 (*Direct to a State of Ohio Department/Board*) (**Choose one**): _____

- | | | |
|----------------------------|---|---------------------------------------|
| Ohio Dept of Education | Ohio Medical Board | Lottery Commission |
| Social Work Board | BMV Dealer Licensing | OT, PT, Athletic Trainers Board |
| BMV Deputy Registrar | Ohio Construction Board | State Vision Professionals Board |
| Ohio Board of Pharmacy | OPOTA | Ohio Dept of Liquor Control |
| Ohio Dept of Public Safety | Ohio Veterinary Medical Licensing Board | State hearing and Professionals Board |
| Child Care Center ODJFS | Ohio State Racing Commission | None |
| Ohio Dept of Insurance | Ohio Board of Nursing | |

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.