

Request for a Background Check via WebCheck
City of Oxford - Division of Police 101 E High St. Oxford, OH 45056

BCI

FBI

BCI & FBI

Personal Information (please print):

Name: _____ **Type of Photo ID** _____

Date of birth: _____ **SSN:** _____ **ID#:** _____

Address: _____ **Phone#:** _____

City/State/ZIP code: _____ **Email address:** _____

****Complete this portion ONLY if an FBI background check is needed:****

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Reason for background check (be specific): _____

Ohio Revised Code number requiring background check: BCI _____ FBI _____

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

***If above reason is "Other," specify the actual reason for the background check:** _____

Where should the results of this background check be sent?

Direct copy options (CIRCLE ONLY ONE)

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

****If Direct Copy option "NONE" was chosen above, OR if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:****

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Waiver information

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 _____. 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 Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent/Guardian Signature (minor applicants only): _____ Date: _____

Please Read and Initial Below:

_____ 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:

_____ Declined it.

_____ Took it with me.

_____ Requested that it be sent to me at the email address provided on this form.

| | |
|----------------------------|----------------------------|
| <u>OPD USE ONLY</u> | |
| _____ | Verified ID/Waiver/Payment |
| _____ | Processed Fingerprints |
| _____ | Excel/Stored |