

KENT STATE UNIVERSITY
Instructional Resource Center
Ohio Bureau of Criminal Identification and Investigation
Fingerprinting Form

***IRC Disclaimer:** The Instructional Resource Center at Kent State University is not responsible for any information provided that is incorrect/inaccurate. All information regarding background checks needs to be written in its entirety on this form. Information may include, but is not limited to: the address to mail results to, federal or state background check requirements, etc.

(Please Initial you have read and accept the terms of this Disclaimer) _____

NAME: _____

PERMANENT ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

Have you lived in Ohio for five (5) years or more: YES NO

Type of Fingerprint/ Background Check needed (Please Initial): Ohio/BC&I FBI

Reason Codes (as provided by employer, supervisor, company, etc.):

FBI REASON CODE: _____

BCI&I REASON CODE: _____

Do you need the results sent somewhere other than the permanent address written above: YES NO
(If yes write in lines provided below)

Do you need an electronic copy of the results sent? (Please check the box that applies)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Child Care Ctr/Type A – ODJFS | <input type="checkbox"/> Construction Board |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> OPOTA | <input type="checkbox"/> Occupational/Physical Therapy/
Athletic Training | <input type="checkbox"/> OH Board of Nursing |
| <input type="checkbox"/> OH Board of Pharmacy | <input type="checkbox"/> OH Dept. of ED | <input type="checkbox"/> OH Dept. of Liquor Control | <input type="checkbox"/> OH Dept. of Public Safety |
| <input type="checkbox"/> OH Dept. of Insurance | <input type="checkbox"/> OH Medical Board | <input type="checkbox"/> OH Racing Commission | <input type="checkbox"/> OH Veterinary Medical Licensing
Board |
| <input type="checkbox"/> Social Work Board | <input type="checkbox"/> State Speech and Hearing
Professionals Board | <input type="checkbox"/> State Vision Professionals Board | <input type="checkbox"/> NONE |

National WebCheck Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (ATT526-Kent State University) 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 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.

I Accept **I Decline**

Signature: _____ Date: _____

STAFF USE ONLY

Initials: _____

Payment amount: \$ _____

Type of Payment (circle): Cashnet Confirmation Number _____
IDC _____