



890 West Fourth, Suite 100, Mansfield, OH 44906

Phone 419-774-5520

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Monday, Tuesday, Thursday, Friday 8:15 - Noon & 1:30 - 3:45

# Closed Wednesday

**Prints can only be taken with a current, picture ID**

### WEBCHECK WAIVER

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 (BCI&I) to conduct a criminal records 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 the requesting agency listed below. 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 the authorized criminal record review and dissemination.

I hereby release BCI&I, Mid-Ohio Educational Service Center, and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I further understand that results of this fingerprint image and my social security number will be released to the Ohio Bureau of Criminal Identification & Investigation.

\* I understand that Mid-Ohio Educational Service Center is not responsible for ensuring that a BCI&I web scan fingerprint check is acceptable to BCI&I. MOESC will make every attempt to secure good fingerprints utilizing the guidelines given by BCI&I. Should the attempt fail for whatever reason, I understand that it will become my responsibility to secure a "no record" verification for my employment.

Date: \_\_\_\_\_ Method of Payment:  Bill Agency  Cash  Check  Credit/Debit

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Your home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Have you lived in Ohio the last 5 consecutive years  Yes  No

Reason code for background check: BCI Code \_\_\_\_\_ FBI Code \_\_\_\_\_

Results to be sent to:

Name of agency \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send copy of results to (choose only one)  Agency requesting prints  My home address

### Please send electronic copy to:

- Ohio Dept. of Education
- Ohio Board of Nursing
- Ohio Board of Pharmacy
- Ohio Dept. of Insurance
- Ohio Dept. of Public Safety
- Ohio Dept. of Liquor Control
- Dietetics Board
- Child Care Ctr/Type A-ODJFS
- Orthotics, Prosthetics, Pedorthics Board
- Occupational Therapy, Physical Therapy & Athletic Trainers Board
- BMV Dealer Licensing
- BMV Deputy Registrar
- OPOTA
- Lottery Commission
- Ohio Medical Board
- Ohio Construction Board
- Respiratory Care Board
- Social Worker Board

- Please Select One
- BCI \$30.00
  - FBI \$40.00
  - BCI/FBI \$65.00

Make Checks Payable to:  
Mid-Ohio ESC

Witness Initial: \_\_\_\_\_