

WebCheck Background Check Request

Clermont County Sheriff's Office

Type of Service Requested:

BCI

FBI

BCI & FBI

Prices are subject to change without notice. Fees are payable by cash, money order, certified check, and credit card (with applicable fees). Personal checks are not accepted.

Name: _____ Date of Birth: _____ SSN: _____

Maiden/Previous Married Names: _____ Phone: _____ Email: _____

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

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

Gender _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for Background Check (Must be specific): _____

If reason is employment: List job title and describe job duties: _____

BCI Reason ORC Code*: _____ FBI Reason ORC Code*: _____

FBI and BCI reason codes are required for all WebCheck fingerprinting. Please refer to the person or organization requesting the fingerprints for the code you need. Sheriff personnel **cannot assist you in finding the correct code. If the reason codes, personal information, direct copy, or other selections are not correct, your background check may be rejected and you will have to pay for an additional background check. No refunds or credits will be issued.*

Name of Organization or Person Receiving the Results: _____

Mailing Address of Organization or Person Receiving the Results: _____

Applicant's Name (Print): _____

Applicant's Signature: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature (Minor Only): _____

Direct Copy (select only one):

- BMV Dealer Licensing
- BMV Deputy Registrar
- Child Care Center/Type A ODJFS
- Construction Board
- Lottery Commission
- Occupational/Physical Therapy & Athletic Trainers
- Ohio Board of Nursing
- Ohio Department of Education
- Ohio Department of Insurance
- Ohio Department of Liquor Control
- Ohio Division of Real Estate
- Ohio Medical Board
- Ohio Racing Commission
- Ohio Veterinary Medical Licensing Board
- Pharmacy Board
- PI/SG Ohio Department of Public Safety
- Social Work Board
- State Speech and Hearing Professionals Board
- State Vision Professionals Board
- None

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 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 _____. 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.

DO NOT initial below until you go to the WebCheck window.

_____ 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.

Processed By: _____

Amount Received: _____

WebCheck Operator: _____

NO REFUNDS