

Date: _____

Invoice# _____

Marion County Sheriff's Office - Webcheck
100 Executive Drive
Marion, Ohio 43302, (740) 382-8244 Option 2
Hours: BY APPOINTMENT Wednesday-Friday 9AM-3PM

Request for a Background Check via Electronic Fingerprinting

Select One: BCI FBI BCI and FBI

Personal Information (please print)

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Have you been an Ohio Resident for the past 5 years?
(Circle One) YES NO

Complete this section only if an FBI check is needed:											
Sex	<input style="width: 80%;" type="text"/>	Eye	<input style="width: 80%;" type="text"/>	Hair	<input style="width: 80%;" type="text"/>	Race	<input style="width: 80%;" type="text"/>	Height	<input style="width: 80%;" type="text"/>	Weight	<input style="width: 80%;" type="text"/>

**Reason for background check: (BE SPECIFIC)
Use Ohio Revised Code Number**

BCI CODE: _____

Complete the FBI code only if FBI check is needed

FBI CODE: _____

Address for results to be mailed to: (ONLY ONE ADDRESS)

Business Name: _____

Address: _____

ATTN: _____

Direct Copy Options (Select only ONE)

- Ohio Dept. of Education
- Ohio Dept. of Public Safety/PISG
- BMV Dealer Licensing
- Ohio Racing Commission
- Ohio Veterinary Medical Licensing Board
- Social Worker Board
- Child Care Center - Type A - ODJFS

- Construction Board
- Ohio Board of Nursing
- Ohio Dept. of Liquor Control
- BMV Deputy Registrar
- Ohio Dept. of Insurance
- OPOTA (Ohio Peace Office Training Academy)

- Lottery Commission
- Ohio Board of Pharmacy
- Ohio Medical Board
- State Speech and Hearing Professionals Board
- State Vision Professionals Board
- Occupational Therapy, Physical Therapy and Athletics Trainers Board

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.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature (date)

Witness Signature

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)

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.