Check the type of transaction required: BCI ☐ FBI ☐ Both ☐

Please provide the appropriate code (if applicable) BCI:_____ FBI:_____

*Name:*_____ *Date:* _____
            Last   First   Middle

*DOB:*_____ *SSN:* _____

Address: _____

_____
            City   State   Zip

Phone number: (_____)_____ *Email:* _____

Direct Copy results to: _____

Mail Results To: _____

Name: _____

Address: _____

_____
            City   State   Zip

NATIONAL WEBCHECK WAIVER: I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Warren County Sheriff's Office) 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 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.

This authorization and waiver is valid for one year from the date this background check was conducted.

WebCheck Applicant's Signature:

_____

For Office Use Only	*On credit card transactions, leave this section blank and staple receipt in this area. Do not cover applicant's signature.*

*Unit # processing payment*_____ *Date of transaction*_____   BCI   FBI   Both

*Amount of payment $*_____ *Cash   Check/MO #*_____