

**MARION POLICE DEPARTMENT
REQUEST FOR BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING**

BCI

FBI

BCI and FBI



Personal Information (Please Print)

Name: _____

Driver's License #: _____

Address: _____

DOB: _____

City and State or Province: _____

SSN: _____

Zip/Postal Code: _____

Phone #: _____

Complete this portion only if an FBI background check is needed:
Sex ____ Race ____ Height ____ Weight ____ Eyes ____ Hair ____

Recipient of Results:

Company Name: _____

Mailing Address of Recipient:

Attn: _____

Address: _____

Agency Approved for VEX? YES NO

City and State: _____

Reason for Background Check: _____

Zip/Postal Code: _____

Phone #: _____

Direct Copy (circle only one):		
Ohio Dept of Education	Ohio Board of Nursing	Ohio Medical Board
Ohio Dept of Public Safety	Ohio Dept of Liquor Control	Orthotics, Prosthetics, Pedorthics Board
BMV Dealer Licensing	BMV Deputy Registrar	Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Ohio State Racing Commission	Ohio Dept of Insurance	Other: _____
Dietetics Board	OPOTA	_____
Social Worker Board	Respiratory Care Board	_____
Child Care Center - Type A - ODJFS	Lottery Commission	
Ohio Construction Board	Ohio Board of Pharmacy	

**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.**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Marion PD) 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.

Applicant's Name (Please Print)

Applicant's Signature

Date



Witness's Name (Please Print)

Parent/Guardian's Name (Please Print)

Witness's Signature

Date

Parent/Guardian's Signature (Minor Applicants Only)